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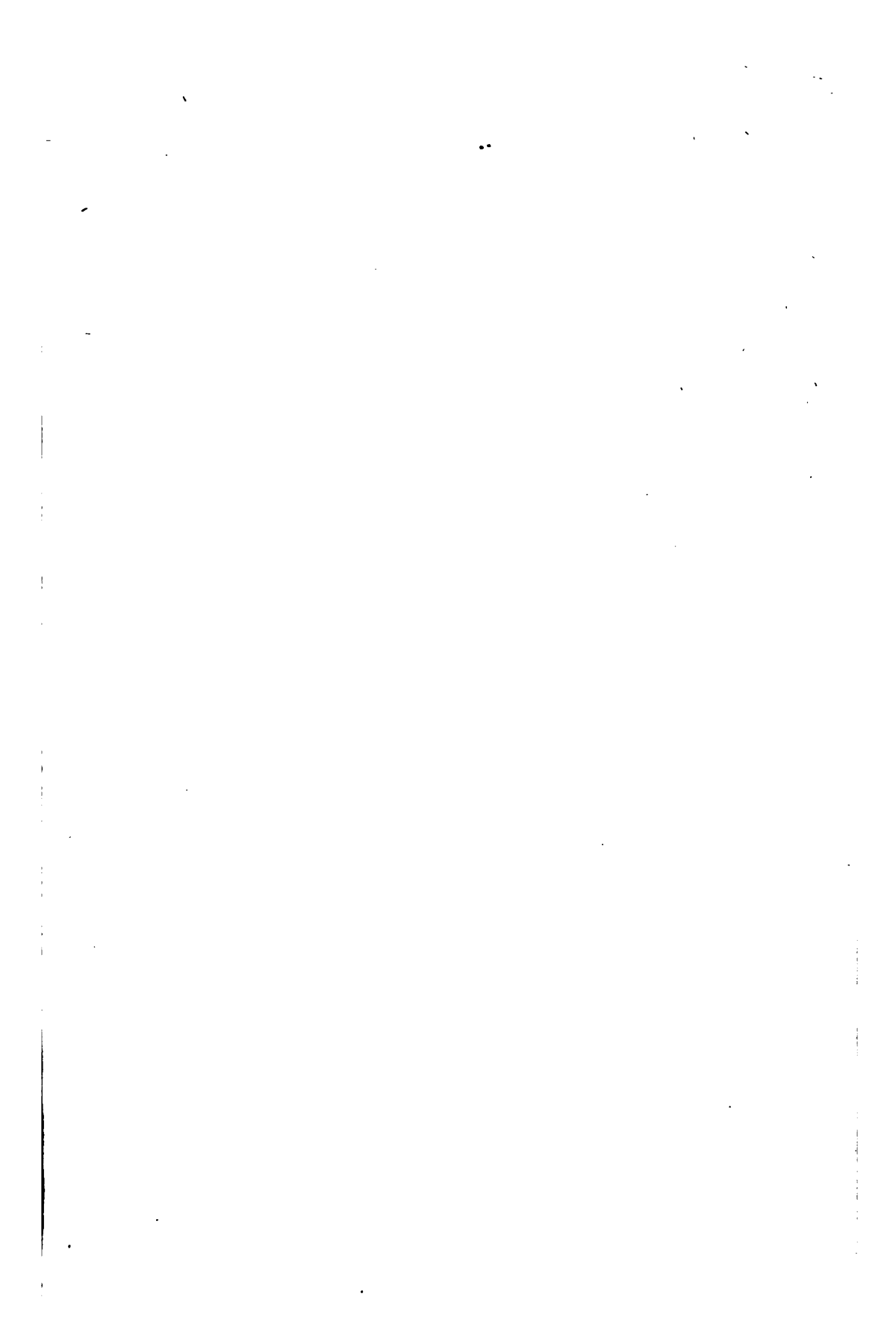
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# SOUTHERN MEDICAL RECORD.

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## Original and Selected Articles.

### MEDICAL PROGRESS AND MEDICAL JOURNALS.

BY ROBERT C. WORD, M.D.

Under the investigations of modern science, old theories are being exploded, important discoveries made, and new developments constantly occurring in every department of human knowledge.

It may truthfully be said that in no other field has there been greater and more rapid progress than in medicine, and the branches collateral to it.

The discoveries in chemistry, in the last twenty years, constitute it almost a new science. Physiology has made rapid strides, unfolding to our comprehension mysteries hitherto unknown in regard to the processes of nutrition, secretion, calorification, etc. The microscope has contributed largely to these discoveries, and given us further insight into the development and the growth of tissues. The advances in gynecology, the use of

anæsthetic agents, and the improved methods of diagnosis have been many and important.

New appliances in surgery, and new agents in therapeutics, are so numerous and valuable that the physician who neglects to read the medical journals will soon find himself distanced by his competitors, and numbered among the ignorant and non-progressive.

A short time ago the writer was called to consult with a practitioner at a distant country location, who, though a man of some intelligence, had neglected to take and to read a medical journal since the commencement of the Confederate war. His patient was suffering intense pain, and had been vomiting until exhaustion was alarming, and death appeared imminent. As the stomach rejected every remedy, a third of a grain of morphine was hypodermically injected. The result was a speedy and complete relief to all the symptoms. The attending physician

expressed great astonishment, having never seen or heard of a hypodermic syringe. We opine if this man were to peruse the late volumes of THE SOUTHERN MEDICAL RECORD he would find himself very much in the condition of old Rip Van Winkle when first he beheld the strange faces around him, and gazed at the changes which had been wrought during his twenty years' nap.

The instance to which we have referred shows the importance of medical journals to the practicing physician. They are indispensable. Indeed, it is due to his own conscience and self-respect, and is justly expected by his patrons, that the man who assumes to treat the sick should keep pace with the progress of his art, and be prepared to give his patients the benefit of the latest and most approved agencies known to the medical world. To do this it is absolutely necessary that he take one or more good medical journals. If he has the means, it were well to take two; the one a quarterly, wherein subjects are treated exhaustively; the other a monthly or weekly, wherein he may find and promptly avail himself of all that is new and practical in the field of medical progress. The former may be dispensed with by the occasional purchase of standard new books; but the latter the busy practitioner can not dispense with without greatly impairing his success and disregarding his conscientious obligations to his profession and his patients.

For a thing so indispensable and important, it will not do to plead the cost as an excuse. A single visit or office prescription will offset the price of subscription, while often a single item in the journal will repay the amount a hundred fold, to say nothing of the satisfaction

and pleasure it affords to read the medical news, and to consult the views and experience of medical writers, in all parts of the world, upon the varied and interesting subjects connected with the profession.

#### CASE OF MALFORMATION.

Dr. W. G. Hunt, of Kentucky, writes us that he had a singular case of imperfect development of the genitals in a fœtus:

"Nature, in one of her freaks, presented me with a very peculiar phenomenon in the way of monstrosity, by failing in her anatomical construction of the female genitals.

The child being born, my attention was called by the nurse, to make the necessary discrimination, usually called for by the parents, as to whether a male or female, as the characteristic developments were insufficient for a satisfactory diagnosis. "Why, Doc., is it a morphadite?" (hermaphrodite) inquired the old lady. I, of course, responded in the negative, as I think there is no such thing, unless the words hermaphrodite and monstrosity are synonymous. The labia majora presented the appearance and felt much like the male scrotum, there being perfect occlusion of the vulvæ, with a raphe separating the labia, similar to that of the male scrotum, extending to the meatus urinarus, presenting no marks of distinction of sex, except the clitoris and meatus urinarus. I expected to have operated in this case, but lost sight of the unfortunate child by its removal from my neighborhood. It ultimately died of malarial fever."

#### *Laxative Pill—*

R. Aloes.....two scruples,  
Nux vomica.....five grains.  
Ft. pills No. xx. Dose i pill.



## HOSPITAL REPORTS: — PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

## REVIEW OF THE TREATMENT OF NERVOUS DISEASES, AND EXTRACTS FROM CLINICS.

NO. I.

REPORTED BY C. C. VANDERBECK, M. D.

## EPILEPSY.

Dr. Maris depends chiefly upon the bromides, large doses and long continued. He has seen but one case that seemed to be actually cured. In the majority of cases there is an improvement, a check of the disease, but his experience leads him to believe that real cure is seldom.

## NEURALGIA.

When there is any history or periodicity, he uses *sulphate of cinchonia*. He began to use this on account of its cheapness compared with quinia, as this is an important point to remember in dispensary service. He is satisfied now, from the evidence of a long experience, and abundant trials, and careful watching of results, that the cinchonia sulphate is *just as efficacious* as quinine, and need not be given in one-third larger doses. It is a drug to be preferred to quinia, as it has not the same tendency to bring on various unpleasant cerebral symptoms. In many cases of neuralgia he is fond of using the bromides. A very favorite prescription, when there is need of any decided narcotic effect, is what is known in the institution as the *narcotic tonic*. The formula of this is as follows:

R. Ext. opii .....  
Ext. conii, .....  
Ext. can. indicæ ..... ..

Ext. bellad.....aa dr. ss.  
Dis. in alcohol.....oz. iss  
Add

Strychnia, .....gr. ss  
(dis. in dr. j of alcohol)

Quin. sul.. .....gr. x

Aq. acidulata .....oz. j

Ol. anisi.....gtt. iij

Sy. acacia.....oz. j M.

Sig.—Dose 10 drops, repeated cautiously.

Again, the subcarbonate of iron is of peculiar value in very many cases of neuralgia, not simply as a ferruginous tonic in anæmic cases, but it seems to have a special or peculiar effect in this painful malady. He does not attempt to explain the *modus operandi*, but a multiplied experience has taught him its value, and has corroborated the statement made to him years ago, by old Dr. Casper Wistar, of this city, who claimed the wonderful value of this drug in neuralgia, especially that variety affecting the fifth pair of nerves.

## SCIATICA.

Only a general idea can be given of the plan of treatment for these various nervous diseases. The treatment varies, of course, but this review is to present more particularly any special features of therapeutics. Besides the usual plan of counter-irritation, the doctor is in the habit of prescribing a mixture of *cimicifuga* and phosphate of ammonia. The prescription is this:

R. Tinct. cimicifugæ.....

Liq. phos. ammoniæ...

Aquæ.....aa oz. ij M.

Sig.—Tablespoonful thrice daily.

The solution of phosphate of ammonia is of the strength of 60 grains to the ounce of water.

## CHOREA.

Dr. Maris depends upon cimicifuga for treating this convulsive disorder. He has cured many cases with this drug. Arsenic is sometimes prescribed, but it has not met his expectations; he thinks it may be due to his not pushing the arsenical treatment sufficiently.

Iron is given in anæmic cases, and every source of irritation removed. The doctor is now treating a case of chorea in a young lady twenty-one years old, whose left foot is the seat of the affection. The movement is of a stamping character, and has worn out the shoe on this foot. The treatment is by cimicifuga, but she has not been using it long enough to note the effect.

Some of the house prescriptions used in this institution are as follows:

## I. MISTURA INTERMITTI.

- R. Cinchoniz sulphatis.....gr. xvj  
 Acid. sulphuricum.....gtt. ij  
 Tinct. ferri chlor.....f. dr. j  
 Syrupi.....,.....  
 Aquæ font.....f. oz. j M.

## II. MISTURA FUSCA.

- R. Ext. glycyrrhizæ ..... gr. xv  
 Pul. acaciæ,  
 Sach. albi.....aa gr. xv  
 Tinct. opii camph.....f. dr. j  
 Vinum antimonii.....f. dr. ss  
 Spts. ætheris nit.....gtt. xv  
 Ammoniz murias.....gr. xv  
 Aquæ.....f. oz. j M.

## III. MISTURA TUTTII.

- R. Ol. morrhuz.....f. oz. ij  
 Tinct. ferri et quassiz.....f. oz. ss M.

## IV. MIST. POTASSII CHLORATIS ET FERRI.

- R. Potassi chloratis.....dr. ss  
 Tinct. ferri chlor.....f. dr. j  
 Aquæ, q. s. ad.....f. dr. j M.

## V. PILULA PODOPHYLLI COMP.

- R. Podophylli.....gr. ss

Ext colocynth comp.....gr. ijs

Ol. carui.....gtt.  $\frac{1}{2}$  M.  
 Et ft. pil. No. 1.

## VI. PIL. OPII COMPOSITA.

- R. Pulv. opii.....gr. ss  
 Mass. hydrarg.....gr. j M.  
 Et. ft. pil. No. 1.

## VII. PIL. CERII OXALAS.

- R. Cerii oxalas.....gr. j  
 Ex. gent., ... q. s. M.  
 Et ft. pil. No. 1.

## VIII. PULVIS COLUMBÆ COMPOSITUS.

- R. Columbæ.....dr. iv  
 Mag. carb.....dr. iij  
 Zingiberis .....dr. j  
 Ol. carui.....gtt. iv M.  
 Sig.—A half drachm night and morning.

## IX. SYRUPUS CERASI COMPOSITUS.

- R. Morphiz acet. ....gr. j  
 Syr. scillæ.....f. oz. j  
 Syr. pruni virg.....oz. ij M.  
 Sig.—One drachm three times a day.

## X. SYRUPUS ASSAFOETIDÆ.

- R. Tinc. assafoetidæ.....f. oz. ss  
 Syrupi.....oz. iss M.

## XI. SYRUPUS PECTORALIS.

- R. Syr. pruni. virg.....f. oz. j  
 Tinc. Benzoni comp, ...  
 Tinc. hyoscyami.....aa f. oz. ss M.  
 Sig.—A teaspoonful three times a day.

## XII. SYRUPUS ASTHMATICUS.

- R. Syr. scillæ.....f. oz. j  
 Tinc. lobeliz.....  
 Liq. morph. sul.....aa f. oz. ss M.  
 Sig.—A teaspoonful three times a day.  
 —*Med. and Surg. Rep.*

*Gelsemium for Dilatation of Cervix.*

—Dr. Agnew, in *Va. Med. Monthly*, states that Gelsemium proved efficacious in three obstinate cases of rigid cervix. He gives ten drops every ten minutes until thirty drops are taken.

# OPIUM POISONING, TREATED BY ELECTRICITY AND BELLA- DONNA.

BY MARTIN BURKE, M.D., OF NEW YORK CITY.

I would, with your permission, report a very interesting case of opium poisoning cured by electricity and belladonna.

Late one evening, when returning home from a distant visit, I was hurriedly addressed by a man who desired me to go immediately to see Mr. S., who had taken a sufficient quantity of opium to destroy life. While I was going for my battery, he called upon my friend Dr. Hanks, who resides beside me. We both hurried to the residence of our patient, and found him in a state of coma; pupils contracted to the size of a pin's head, and breathing somewhat stertorous. His respirations were four a minute; his pulse was slow. His wife stated that he had taken the opium about forty-five minutes before. Dr. Hanks had meanwhile sent for a prescription of—

R. Zinci sulphatis, gr. xxx  
Fluidi extracti ipecacuanhæ, dr. iss

which, having been procured, was immediately administered. It vomited our patient in about three minutes. A Dr. White had meanwhile arrived, and he proposed the administration of belladonna; accordingly, about the twenty-fourth of a grain of atropia was given hypodermically. Another mixture of zinc and ipecac was administered. It promptly vomited the patient, and, indeed, in the matter ejected we detected the smell of opium. A small quantity of food was also discovered.

Our patient was now partially conscious, and although we had introduced the tube of a stomach pump into his pharynx, he caught it between his teeth, and fearing that he would cut it through,

we removed it. Our patient said he wished to die. His clothes were dragged upon his reluctant limbs, and at half-past eleven o'clock we commenced to walk our would-be suicide.

I now examined the bottle in which he had procured the preparation of opium. It was a two-ounce bottle, in which remained about a drachm of dark-looking fluid. I afterward learned from the druggist, to whom Mr. S. was known, that he had procured a two-ounce mixture containing equal parts of tincture opii and alcohol; of this only a drachm remained. We now administered large quantities of strong black coffee, part of which was vomited. At about quarter after twelve A.M., another one-twenty-fourth grain of atropia was administered, subcutaneously. Our patient was now conscious, but was unwilling to walk. Pupil's had dilated to almost normal size. More coffee was given. Half-past one o'clock, patient staggered and fell. We now proposed electricity, and accordingly I applied both poles of the battery over the situation of the phrenic nerves; it caused him to take a prolonged and deep inspiration. His respirations, with and without electricity, were counted; with electricity, they were about nine per minute; without it, seven.

In order to keep him awake, or to awaken him, we occasionally applied the poles of the battery to the posterior cervical nerves. This aroused him at once; he raised himself, and endeavored to escape from this sharp sting. We removed the poles, and again he sank into a state of coma. At about three o'clock atropia, grain one-twenty-fourth, was again administered. His pupils now became normal. We had previous to this never permitted our patient to sleep, using only electricity; but at four o'clock we per-

mitted him to slumber, employing a somewhat weaker power to the phrenic nerves, thereby increasing the depth of the respirations, and, indeed, their frequency, in about the proportion of one to three a minute. In lengthening the respiratory force its effect was wonderful. Dr. Hanks and I relieved each other, remaining with our patient until about six o'clock. We now could easily arouse him, and accordingly it was deemed advisable to remove the battery. I should state, however, that the patient's respiration never, during our treatment, went below four, and never, even under the influence of electricity, went above ten.

Mr. S., being of strong physique, recovered rapidly. Three days after he attended to his business.—*Medical and Surgical Reporter.*

### SOME FORMS OF DYSPEPSIA:

Dr. F. Delafield (*Amer. Clinical Lectures*, Vol. 2, No. 4,) under "the" above title gives some valuable suggestions: (1.) Dyspepsia confined to the stomach has the following symptoms, viz.: attacks of pain and vomiting, coming at first at long and then at short intervals—the attack always excited by the ingestion of food and the pain ceasing when the stomach is emptied. The disease lasts for years, and steadily grows worse. Medical treatment alleviates the symptoms for longer or shorter intervals, but never permanently.

The most rational and effectual treatment of these cases is the systematic use of the stomach-pump. The pump, as a rule, is not to be used till three hours after a meal of solid food. The patient soon learns to use the pump at home. (2.) Dyspepsia due to functional derangement of the small intes-

tine, the stomach being unaffected. Symptoms—pain is the most troublesome and may be referred to any part of the abdominal cavity. It is usually described as a constant dull pain—has no special relation to the ingestion of food or its quality. It occurs when the stomach is full or empty—whether the food is spare and simple or abundant and rich. The use of liquor will usually stop it for a short time. There may be some particular time of the day at which the pain comes on with tolerable regularity. There may be nausea, but not vomiting. Appetite is often good, and food causes no distress. Some cases are easily relieved by treatment; others prove obstinate. Drugs indicated are, cubebs, ipecac, and assafoetida. Horseback riding is often of great service.

(3.) Dyspepsia from disordered function of the liver. Clinically, these cases can be divided into two classes: (a.) Those of florid complexion and of well-developed adipose and muscular tissues. (b.) Those of pallid complexion, spare figure and feeble muscles. In the first class the symptoms are due to derangement of those functions of the liver which should effect the destructive metamorphosis of albuminoid substances, so that patients receive a full supply of the nutritious portions of the food, but do not get rid of the excrementitious. In the second class, the functions which should assimilate the fat and peptones are so disordered that the patient is imperfectly nourished. In one case the tissues are overmanured, but badly drained; in the other, they are well enough drained but not manured at all.

*Symptoms* of the first class of cases are—depression of spirits, liability to

attacks of vertigo, bowels more or less irregular, urine apt to contain an excess of uric acid or of the urates, partial loss of memory, an inability to apply the mind to business. Treatment—an entire abstinence from every kind of alcoholic drink; also from tobacco; vigorous outdoor muscular exercise; drugs as indicated.

Symptoms of the second class of cases — flatulence, headache, curious nervous feelings in various parts of the body, sleeplessness, hypochondria often, irregular action of the heart, pain in the precordial region and a dull pain in the right hypochondriac region, extending to the back and shoulder, constipation, emaciation, urine normal usually. Treatment of this condition is different. Diet must be carefully regulated—full and nutritious; wines, etc., are often of service; cream and cod liver oil are sometimes indicated; constipation must be relieved, nervous symptoms allayed, appetite improved by the mineral acids, exercising in the open air, bathing the entire body daily in cold water.

### EUCALYPTUS AS A DISINFECTANT, ANTISEPTIC AND EPIDEMIC REMEDY.

By A. M. WOODWARD, M.D., Tunkhannock, Pa.

I propose giving you a little of my experience in the use of Eucalyptus. About the last of August, 1875, I had a case of intermittent fever which quinine did not touch, from the fact that it would not stay in the stomach so long as while it was going down, even at the intervals between the sweating stage and chill. I suppose you will say that I did not prepare the stomach for the quinine. The Eucalyptus prepared the

stomach by antidoting the poison that produced the trouble, and the case was cured in three days.—no more chills after the first fifteen drops of Eucalyptus were administered. It proved to be the only remedy the stomach would recognize as *the* tool which nature or the vital force required to work with in the case, and the beauty of it in such cases is, you can give it with all certainty without regard to stage, or, as the old folks used to say, “idiosyncrasy.” You can call it anti-periodical in this case, or what you please. I only pretend to say, it was the specific antidote or remedy for the case.

CASE 2.—“Facial neuralgia.” Lady, aged 55, bilious and sanguine temperament; had been troubled by spells for several years. All the usual remedies failed to even afford relief. From its periodic character I tried Eucalyptus. (I should have said that the patient possessed an erysipelatous diathesis.) From the first fifteen-drop dose, I could see an amendment, and in twenty-four hours the neuralgia was gone; and at the usual time for it to return this fall, it did not put in an appearance. There were slight symptoms, but two or three doses of Eucalyptus were sufficient to set all right again.

CASE 3.—*As an Antiseptic and Disinfectant.* Having a case of retained placenta at the fourth month, and not being called until the odor in the room became almost unbearable, I removed what I could of the putrid placenta, and ordered vaginal enemas of tepid water, adding a little castile soap, and used on my hands carbolic and salicylic acid, without much effect. I then tried Eucalyptus, which was at once the sufficient disinfectant. I at once returned and ordered the vaginal enemas changed

to Eucalyptus put in alcohol equal parts, adding a teaspoonful to one-half pint or a pint of tepid water, and use at once, the enemas being repeated every three hours. Suffice it to say, the next day when I called there was no putrescency about the room or bed, although there were pieces of the placenta passed at several different times after the Eucalyptus was commenced, and the patient made a good recovery.

CASE 4.—Lady, aged 58. General erysipelas, with putrid dysenteric passages. Case pronounced hopeless by others. I gave a dose of Eucalyptus (15 drops), followed by veratrum gtt. vii, water oz. iv, a teaspoonful to be given every half hour until a moisture appeared on the skin. The passages spoken of occurring every few minutes before taking the Eucalyptus, did not occur but once after the first fifteen drops in twelve hours, and no more putrescency. After the first dose I prepared fluid extract Eucalyptus dr. ij, water oz. iv. Dose, a teaspoonful alternately with the veratrum. The patient made a good recovery.

CASE 5.—Child aged 8 years. Diphtheria. Had been treated three days "regular," and one case in same family treated "regular," died of same disease. Found the child's mouth black as ink; diphtheria coating as thick as one-half the length of the uvula; pulse asthenic, and breath very putrid. This was the only child left in the family, and I considered the responsibility, the parents being willing to risk the change of doctors. I made a gargle of tincture Baptisia dr. j, Eucalyptus dr. iss, water oz. iv, to be used, a teaspoonful as a gargle every hour, and one-half teaspoonful taken alternately with the gargling.

Also, tinc. veratrum gtt. v, aconite gtt. vij, water oz. iv. M. S. One teaspoonful every hour. Sharp vinegar applied to the throat externally. Was to call again next day, but must confess I did not care about getting quite there until I heard the child was alive, and to my astonishment I found the mouth and throat as clean and natural in color as I could wish; tonsils somewhat swollen, but of natural color; pulse full and normal. Result, a good recovery.—*Eclectic Med. Jour.*

#### PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE VICE-PRESIDENT, DR. BENJAMIN LEE, in the Chair.

At a conversational meeting, held April 26, 1876, after the reading of Dr. Taylor's paper, for which a vote of thanks was tendered to the author, the subject of the "Influence of Maternal Impressions" was discussed.

Dr. Wm. Goodell thought that there is more truth in the popular belief than physicians are willing to concede. He had noticed, however, of late, a growing disposition on the part of scientific men to treat the subject with more consideration. As a matter of fact, the spermatozoon, a microscopic cell, is capable of transmitting and reproducing paternal traits, both mental and physical. Hence it would seem highly probable that the mother, who contributes so much to the structure of the new being, would be more likely to impress upon it her dominant traits during its plastic stage, and that unusual excitement or agitation on her part during this period would be exceedingly liable to disturb the devel-

opment of the foetus. The following case is one in point: He was called to attend a lady, whose husband (a physician) was possessed with the idea that the child would be born with some deformity of the genital organs. This, indeed, Dr. C. found to be the case, for at the birth the foreskin was entirely wanting, and the glans encircled by a ring of granulations, presenting the appearance of a recent circumcision. This occurrence was attributed to the fact that the mother, during early pregnancy, had taken extraordinary interest in a description of this Hebrew rite, which her husband had been invited to witness in a neighbor's child. Among the Jews, children are not infrequently born circumcised; and this curious fact is not to be explained by the law of heredity alone.

Dr. J. S. Eshleman said that there was undoubtedly a germ of truth in the popular belief, but he always endeavored to explain away such morbid impressions, when they existed, for the sake of the mother, whose health might be affected by dwelling on them.

The following case in Dr. E.'s practice appeared at first to strongly confirm the opinion that maternal impressions may affect the development of the foetus: An Irish woman was firmly convinced that her child would be born with a tumor "on its seat," because some one had described such a congenital growth in her presence. At the birth a large prominence was discovered in the child's perineum to confirm her impression. This tumor was subsequently removed by Prof. Gross, who pronounced it a foetal cyst, due to a germ that had been blighted in its development. If the nature of the growth had not been demonstrated, this case would have been con-

firmed strong; but it would be difficult to see how a mental impression on the mother could be powerful enough to introduce into the uterine cavity the germ of another child.

Dr. John G. Stetler said that it was an acknowledged physiological law that the first pregnancy influenced subsequent conceptions, but thought that it acted locally through the impression on the uterine tissues probably, rather than by means of the nervous system.—*Med. Times.*

### THE TREATMENT OF ALBUMINURIA.

Dr. T. Lauder Brunton, editor of the *Practitioner*, says, in an article on albuminuria, that its symptoms are those of anæmia, viz., a pale and pasty complexion of the patient, who, on inquiry, tells you that he is weak, that he is short of breath, and suffers from dyspepsia and nervous weakness; that you may observe œdema of the legs, and you find albumen in the urine.

The causation of albuminuria must be distinguished as:

1. Spurious albuminuria due to white of egg.
2. True albuminuria, in which serum albumen appears in the urine, and which is due to venous congestion or disease of the tubules.

The first indication for treatment, then, is, remove the venous obstruction if you can. The second is, lessen the flow of blood to the kidneys by drawing some of it elsewhere.

The venous obstruction depending on pregnancy will cease at the time of parturition, but it may be diminished by the prone position, while that depending on cardiac disease may be lessened by the use of such drugs as digitalis, which

causes the heart to contract more forcibly, and by thus diminishing its orifices may render its valves once more competent.

The second indication is fulfilled by warm clothing, warm baths, and diaphoretics, which draw the blood to the skin, and by purgatives, which cause a greater flow of it towards the intestines.

The third indication is to lessen the anæmia which results from the drain of albumen, and of itself produces so many distressing symptoms and injurious effects.

This indication is fulfilled by the administration of iron, which increases the number of blood corpuscles, and at the same time diminishes the loss of albumen through the kidney. I will not at present attempt to explain how it acts, for this is matter of supposition, and others may be prepared with a more probable hypothesis than I can offer.—*Med. and Surg. Rept.*

### A SUCCESSFUL CASE OF AMPUTATION OF THE THIGH TREATED ANTISEPTICALLY.

By LEWIS A. STIMSON, M.D., Surgeon to Presbyterian Hospital, New York.

W—, 37 years old, was admitted to the Presbyterian Hospital 13th November, 1876, for a central osteo-sarcoma occupying the lower half of the left femur. Amputation was performed November 21st, as follows, Drs. Van Buren, Detmold, Keyes, and the resident staff of the hospital assisting:

A medium-sized Lister's spray-producer, supplied with a five per cent. solution of carbolic acid, was so placed that its spray would fall directly upon the cut surface. The thigh was washed with a

2½ per cent. solution of carbolic acid, and the instruments placed in a basin supplied with the same. The antero-posterior flap operation through the upper part of the middle third was performed, as Esmarch's bandage having been applied to the leg, and a tourniquet to the femoral artery. The anterior flap, cut rather short on account of the proximity of the tumor, was made from without inwards, the posterior one by transfixion. The artery was found high up in the posterior flap, and a carbolized catgut ligature applied, both ends of which were cut short. All other bleeding points, about fifteen in number, were secured in the same manner.

It had not been thought prudent to carry the elastic bandage over the tumor itself, and the flow of blood from the enlarged distal veins was, therefore, considerable; but the arterial supply was controlled so effectually by Dr. Van Buren, that little or no blood was lost from the upper side. The sciatic nerve was dissected out and cut off high up, so as to save it from becoming imbedded in the cicatrix in case primary union should not be obtained. A carbolized drainage tube, to provide for the ready escape of the first flow of serum, was placed across the bottom of the wound, and the edges of the latter then brought together with silk sutures prepared with carbolized beeswax (about one to five). A strip of "protective" was laid along the wound, the end of the stump covered with a square piece of muslin dipped in the carbolic solution, and eight thicknesses of carbolized gauze, prepared by Caswell & Hazard, but identical with that made in Edinburgh, placed over all and bound down with a roller bandage. A dram of brandy was given hypodermically, and the patient



placed in bed and surrounded with hot-water bottles.

The shock of the operation was considerable, and the temperature fell that evening below 97 deg.; but the next day the patient had reacted finely, and since then he has eaten and slept better than for months previously, and has suffered no pain. Before the operation his general condition was bad, his appetite poor, his tongue red and glazed; his temperature rose from  $1\frac{1}{2}$  to  $2\frac{1}{2}$  degrees every afternoon, and the pain, especially at night, was very severe. The preparatory treatment consisted of careful nourishment and tonic doses of mercury, in accordance with the facts recently established by Dr. Keyes.

During the first twelve days following the operation his temperature never rose above  $99\frac{1}{4}$  deg.; on the thirteenth day it rose to  $100\frac{1}{4}$  deg., returning on the fifteenth to  $98\frac{1}{2}$ , an excursion due apparently to the appearance of a large carbuncle over the sacrum.

Two weeks after the operation, the entire wound had united by first intention, except at the outer angle, where the drainage tube had been maintained. No bare bone could be felt, and the sinus was not more than  $1\frac{1}{2}$  inches deep. All the sutures had been removed, and it is worthy of remark that, although some were left in place fourteen days, there was no suppuration about them. On the tenth day the patient was able to sit up, and on the fifteenth to walk with crutches.

The dressing was renewed the day after the operation and every second day thereafter for ten days, always under the spray, a frequency which was due to my desire to run no risks, and not to the amount of discharge, of

which, if we except the first flow of serum, there has been scarcely half an ounce all told.—*N. Y. Med. Rec.*

### NERVE STRETCHING IN TETANUS.

G. W. Callender, Surgeon to St. Bartholomew's Hospital, in *The Lancet*, advocates the treatment of tetanus by nerve stretching. He writes:

I am glad to hear that, quite recently, M. Verneuil has had under his care, in La Pitie, a case which he will, I hope, shortly publish.

A man had suffered from a severe crush of the hand, and, following this, showed the symptoms of tetanus. Mr. Verneuil exposed the median nerve at the elbow, and the ulner at the wrist, and proceeded to exercise traction on them. The patient recovered completely.

I hope this note may lead to a further trial of this method of treatment. The operation is not a severe one. The nerve is exposed and stretched, when freed from its surroundings, by traction with an ordinary vulsellum, from its central connections. No harm is likely to be sustained as a consequence. There is now abundant evidence, in the cases reported by Billroth, Nussbaum, and myself, of the tolerance with which nerves submit to forcible stretching, so far as the after-performance of their functions is concerned. In view of the unsatisfactory results of the treatment of traumatic tetanus as at present conducted, there is full justification for the performance of the operation as, at least, a last resource, although I should myself advocate its trial, as in the case under the care of M. Verneuil, as soon as the signs of the disease are distinctly recognized.

## EXAMINATION OF "PAIN-KILLERS."

Jos. J. Pierron, Ph. C., in the *Peninsular Journal of Medicine*, gives the following abstract of a report on file in the Michigan University School of Pharmacy:

*Perry Davis' Pain Killer.* In a bottle sold for a dollar:

Spirit of camphor, about.....fl.oz.ij;  
Tinct. of capsicum, about.....fl.oz.i;  
Guaiaac.....oz.ss;  
Alcohol.....fl.oz.iiij;  
Myrrh and color.

*Radway's Ready Relief.* In a half-dollar bottle:

Soap liniment, about.....fl.oz.iss;  
Tinct. of capsicum.....fl.oz.ss;  
Water of ammonia.....fl.oz.ss;  
Alcohol.....fl.oz.ss.

*Flagg's Relief.* In a bottle sold for half a dollar:

Oil of cloves, about.....fl.dr.i;  
Oil of sassafras.....fl.dr.ij;  
Spirit of camphor,.....fl.oz.iss.

*Chamberlain's Relief.* In a bottle sold for thirty-five cents (approximately):

Tinct. of capsicum.....fl.oz.i;  
Spirit of camphor,.....fl.oz.½;  
Guaiaac,.....fl.oz.½;  
Color 'tincture, to make two fluid ounces.

*Hamlin's Wizard Oil.* In a bottle sold for a dollar there are (in approximate proportion):

Spirit of camphor.....fl.oz.i;  
Spirit of ammonia.....fl.oz.ss;  
Oil of sassafras,.....fl.oz.ss;  
Oil of cloves,.....fl.dr.ij;  
Chloroform.....fl.oz.ss;  
Oil of turpentine.....fl.oz.ss;  
Alcohol, to make about five fluid ounces.

*Kellogg's Red Drops.* A bottle, sold for half a dollar, contains (in approximate quantities):

Spirit of camphor,.....fl.oz.ij;  
Spirit of origanum.....fl.oz.½;  
Oil of sassafras.....fl.oz.½;  
Oil of turpentine.....fl.oz.ss;  
Color tincture, to make three and a fourth fluid ounces.

—*Louisville Medical News.*

## Abstracts and Gleanings.

*Epilepsy.*—Dr. A. McLane Hamilton, Physician to Epileptic Hospital, Blackwell's Island, in an interesting paper on Epilepsy in the *Chicago Medical Journal*, urges the necessity for discovering the exciting cause in this obstinate and troublesome affection. He affirms that the causes are not so frequently idiopathic as we are wont to suppose. The treatment has been too empirical and routine, and that greater care in seeking the causes, and detecting the varied and delicate shades in epilepsy, would lead to better results in treatment. Reflex causes are at the root of many cases—among them uterine and ovarian irritation are frequent causes, and in children the organs of digestion, etc.

In syphilitic epilepsy pain precedes the attack. It is generally curable.

The leading indications in treating epilepsy are—

1. Removal of exciting cause, if possible.
2. The diminution of exaggerated reflex susceptibility of the medulla.
3. Equalization of cranial circulation.
4. Abortion of paroxysms.
5. Improvement of general condition.

The remedies mentioned are the bromides, belladonna, digitalis, strychnine,

ergot, arsenic, amyl nitrite, tri-nitro-glycerin, cod liver oil.

The bromides are frequently given to excess, producing prolonged bromism. He has had best results from sixty grains in twenty-four hours, and smaller quantities may suffice in some cases.

Belladonna is particularly adapted to cases where there are centers of irritation, as in gastric epilepsy, having the property of blunting reflex susceptibility.

Ergot controls the cranial circulation, and diminishes congestion at the floor of the first ventricle.

Arsenic is excellent for its anti-peri-odic and alterative action.

Digitalis is useful when there is irregularity of the heart's action, sluggish circulation, etc.

Amyl nitrite and tri-nitro-glycerin produce congestion of the brain, and are useful in cases where there is cerebral anæmia.

The latter is as powerful a medicinal agent, as it is explosive. A tenth part of a drop touched to the tongue produces rapid cerebral hyperdæmia. An alcoholic solution is not explosive. One drop may be dissolved in ten drops of alcohol, and this again diluted, so that a dose of ten drops will contain one-tenth of a drop of the remedy.

*Post Partem Hemorrhage.*—Dr. Hern-  
don, in the *Virginia Medical Monthly*, re-  
ports a case of post partem hemorrhage  
wherein, having failed with all the usual  
remedies, he succeeded by injecting dr.  
vj tincture of iodine into the uterus.  
The long nozzle of a syringe was intro-  
duced for this purpose, up to the fundus  
uteri. The contraction of the uterus  
was immediate and permanent, and the  
hemorrhage effectively suppressed.

*Atropia as an Antidote to Hydrocyanic Acid.* JACKSON. (*Druggists' Circular*,  
January, 1876.)—In experimenting on  
dogs, Dr. J. says: Sulphate of atropia,  
in doses of one-fourth of a grain to one  
grain, injected under the skin, gave  
prompt relief in every case, even when  
large doses of the acid had been given.  
When the two poisons are administered  
at the same time none of the effects of  
prussic acid are developed; but if as  
much as a grain of sulphate of atropia  
be injected, all the symptoms of atropia  
poisoning are observed. In some in-  
stances the antidote was withheld until  
the animal would fall down, and the res-  
pirations would be as few as six per  
minute, the dog being unconscious, then  
one-fourth grain of the antidote would  
relieve him immediately. J. S. K.

*Bromohydrate of Quinine.*—The bro-  
mohydrate of quinine contains more of  
the alkaloid than the sulphate, and yet  
produces less cinchonism, the result,  
doubtless, of the soothing or hypnotic  
properties of the bromine in combina-  
tion. It is well adapted to nervous or  
irritable subjects, particularly to females  
suffering with dysmenorrhœa, neuralgia,  
or headache attended with cerebral hy-  
perdœmia. The dose is five to fifteen  
grains in pill or hypodermically.

*Hip Joint Amputation.*—Two success-  
ful cases of amputation at the hip joint  
are reported in December number of the  
*N. Y. Medical Journal*, by Dr. Erskine  
Mason.

The circular method was adopted in  
both cases. Esmarch's elastic bandage  
was applied upon the limb at the point  
of section, and the abdominal tourniquet  
was applied to compress the aorta.  
They are the first instances of the use  
of Esmarch's bandage in this operation.

The tourniquet used was the one known as May's modification of Signorin's. It was shown that the compressing pad in this instrument is too large. Hence, the one which bears the name of Lister is thought better. The compression of the pad in one case was followed by peritonitis, yet the case recovered.

When the great mortality which has been heretofore reported of this operation is considered, the favorable result must be largely due to the great saving of blood in the method here practiced.

*Hyposulphite of Soda.*—The rapidity with which new agents are introduced, experimented with, lauded for a brief space for wonderful power, and hastily thrown aside, is well illustrated in the case of the hyposulphite of soda, which a few years ago was thrust forward and greatly extolled, and is now scarcely heard of. And yet we are satisfied it should not be so, as we believe that it is a very valuable agent.

It is particularly useful in obstinate eruptive diseases. A solution of one drachm to the ounce of water, locally applied, constitutes a pleasant and most effectual remedy for scabies, relieving very obstinate cases in a few days.

The same solution is very efficacious as a topical application in diphtheria. In aphthous ulcerations and other forms of sore mouth, it is admirable.

*Salicylate of Soda.*—This salt is regarded as a powerful febrifuge. It reduces the temperature in fevers with great certainty and uniformity. Acts finely in rheumatic fever, and though not proven to possess strong anti-periodic properties, will, in all probability, be found a powerful auxiliary to quinine in the treatment of malarial affections.

#### *Visual Disturbances from Diphtheria.*—

Prof. Seely read a paper before the Cincinnati Academy of Medicine, in regard to disturbances of vision during convalescence from diphtheria.

"The phenomena, subjective and objective, usually are: inability to read fine print, fatigue of the eyes, double vision, vertigo and squint."

These symptoms are attributed to inflammatory action in the periphery of the optic nerve at its entrance into the eyeball, resulting from diphtheritic poison. In a case which was somewhat anæmic, repeated dry cupping to the temples, and the administration of the mur. tinc. of iron was followed by relief.

*Scarlatinal Albuminaria.*—Dr. Bell, in *Transactions of the Pennsylvania Medical Society*, says that in scarlatinal albuminaria he has found the following prescription superior to all other remedies:

R. Scoparius, (the tops,) oz.ss;  
Water, ojss.

Boil down to one pint, and give one to two tablespoonsful every four to six hours.

*Petroleum in Cutaneous Affections.*—The following ointment has been found highly efficacious in cutaneous affections, particularly in porigo and other parasitic diseases of the scalp:

R: Petroleum,.....oz.iv;  
Lard, (melted,).....oss;  
Oil of lavender,.. .....gtt.xv;

M. and stir at a gentle warmth until thoroughly blended.

It is destructive to vermin, and is well adapted to the cure of mange of dogs, swine or other animals. In the human subject it may be applied twice a day, the part being first cleansed with castile soap and warm water.

*Salicylate of Soda as an Antipyretic.*—Dr. Nathan (*Deut. Zeit. fur Prakt. Med.*—*London Medical Record*, May 15, 1876) has used this remedy in twelve cases, viz: nine of enteric fever, one of phthisis, one of osteomyelitis of both tibiae, and one of subperiosteal resection of the femur. In all cases the temperature, which was excessively high, was reduced by salicylate of soda. The best antipyretic action was obtained by large doses often repeated—two drachms, repeated in two hours until an effect was produced. After the temperature had become normal, smaller doses prevented the further rise of temperature. The remedy is given in water, one part to four or five. As an antipyretic he regards the salicylate of soda as preferable to quinine, digitalis, and veratria.—*Detroit Rev. Med.*

**ACUTE RHEUMATISM TREATED BY SALICIN.**—Dr. T. McLagan (*London Lancet*) reports eight carefully observed cases of rheumatism treated by salicin. From these he concludes:

1. We have in salicin a valuable remedy in the treatment of acute rheumatism.

2. The more acute the case, the more marked the benefit produced.

3. In acute cases, its beneficial action is generally apparent within twenty-four—always within forty-eight—hours of its administration in sufficient dose.

4. Given thus at the commencement of the attack, it seems sometimes to arrest the course of the malady as effectively as quinine cures an ague, or ipecacuanha a dysentery.

5. The relief of pain is always one of the earliest effects produced.

6. In acute cases, relief of pain and a full temperature generally occur simultaneously.

7. In sub-acute cases, the pain is sometimes decidedly relieved before the temperature begins to fall. This is especially the case when, as is frequently observed in those of nervous temperament, the pain is proportionally greater than the abnormal rise of temperature.

8. In chronic rheumatism, salicin sometimes does good where other remedies fail, but it also sometimes fails where others do good.—*Detroit Rev. Med.*

*Chronic Dysentery—Cured by Topical Treatment.*—Dr. T. G. Thomas (*New York Medical Journal*, January 1876) reports a case of chronic dysentery of five years' standing cured by three applications of nitric acid to the ulcerated rectum. The patient was anæsthetized—placed in the left lateral position, and after stretching the sphincter ani by the finger, a long duck-bill speculum was introduced. This was held by the nurse, exactly as in vaginal examinations, while by a depressor the anterior rectal wall was pressed downwards. The whole rectal canal was now exposed, to the sigmoid flexure. By syringe it was cleansed of all fæcal matters. Throughout its whole extent the exposed intestine was seen swollen, oedematous, hanging in hæmorrhoidal masses studded with deep ulcers, having grayish bottoms. It was greatly engorged and presented that deep red, almost violet hue, which is seen in the throat in cases of diphtheria. By cotton on a rod, nitric acid was lightly applied to the ulcers and swollen mucous membrane. After the third application, within a period of one month the patient was entirely well.—*Detroit Rev. Med.*

*Torsion—Its Advantages over Ligature in Arresting Hemorrhage.*—M. Tillaux, in a lecture at a Paris hospital (*Brit.*

*Med. Jour.*, May 20, 1876) stated that he had for five years used torsion for all arteries, large or small. He believed that torsion is applicable to all arteries, especially the larger ones. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. The artery should be seized obliquely and not longitudinally, and in such a manner that the three coats, in their entire breadth, should be included in their grip. The torsion, or twisting, should then be practiced until the portion seized becomes detached. Torsion is applicable to atheromatous, or inflamed arteries, as well as arteries in a healthy condition.

Torsion favors union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. Like ligatures, torsion prevents primary hemorrhage; but it acts more effectually in preventing secondary hemorrhage. M. Tillaux asserts that, although he has employed torsion in about a hundred cases of capital operations, he has never had a single case of primary or secondary hemorrhage.

One of the attending surgeons to the Philadelphia hospital has for many years used torsion exclusively, with, on the whole, excellent success. He has devised an ingenious apparatus for twisting arteries.—*Detroit Med. Rev.*

*Lister's Antiseptic Method in Ovariectomy.*—Lister's antiseptic method in which carbolic spray and carbolized ligatures, etc., are used in operations, is attracting much attention in certain of the Northern hospitals. Dr. J. Marion Sims, N. Y., reports a case of ovariectomy successfully treated by this method. Dr. Sass was invited to use his apparatus for the application of the carbolic spray. The following account of the operation

we find in the *Medical Record*, of New York:

The operation was done on Thursday, the 23d November last. I am particular in fixing the date, because I believe it inaugurates a new departure in ovariectomy.

Dr. Sass directed the spray, which covered the seat of operation with a delicate carbolic mist. The hands, sponges, and instruments were all dipped in carbolic water. The operation and dressing lasted forty minutes, the spray being kept up all the time. It could have been continued two hours, if necessary. There were no adhesions. The peritoneal cavity contained six or eight ounces of a reddish serum. The peritoneal membrane was everywhere deeply congested. This fact explains the presence of reddish serum, and the previous attack of peritonitis.

The pedicle was very short, and at least three inches broad. It was tied in three sections with strong twine, and drawn out and fixed in the lower angle of the wound, clamp-fashion.

The external incision was closed by sutures, and a carbolized dressing applied.

The pulse never rose above 90, nor the temperature over 101.

Convalescence was fully assured in forty-eight hours, and the patient is now quite well. The tumor was polycystic, on right side, and weighed fifteen pounds.

I hasten to lay this case before the profession merely to urge the adaption of Lister's antiseptic method in ovariectomy, which, I am sure, will prove as valuable in this operation as it has in general surgery.

Dr. Sass's apparatus answered its purpose admirably, and I think he has ren-

dered us a great service in bringing it before the profession at this time.

*India-Rubber Solution in Psoriasis.*—In the *London Lancet* we find a case of Psoriasis treated with india-rubber solution as follows:

A young woman, nineteen years of age, was admitted to the hospital on March 8th. She was of strumous appearance, but otherwise in fair health. Her affection had existed from childhood with varying degree of intensity, sometimes leaving her almost free, but with ever-recurring exacerbations. On admission her condition was as follows: Irregular patches, averaging about an inch and a half in diameter, were scattered over the body, and more thickly on the outer aspect of the limbs, and especially about the elbows and knees, extending over the wrists and hands. These patches had a base of inflamed and thickened cutis, overlying and firmly adherent to which were hard and dry crusts, the results of hyperplastic action of cuticular elements of the usual psoriasis type, in places exceeding the eighth of an inch in thickness, most abundantly developed around the elbows and knees. These crusts having been removed, to one side of the body and corresponding limbs the india-rubber solution was applied, while, to gain a comparative result, the other side was treated with mercurial and tar compounds. The affected places, on the side to which the india-rubber solution was used, at the end of three weeks became mere red markings, having lost in great measure their thickened bases, with but little tendency to the formation of scales remaining, while on the opposite side they continued to be produced, though with lessened activity, the inflammatory con-

dition persisting. The india-rubber solution was then applied to the whole of the patches. She was discharged on May 3rd with only red stains to mark the former sites of the disease. The usual constitutional treatment was pursued.

In many of my other cases also one side or limb has in like manner been treated with these impermeable coverings, the corresponding parts receiving the more ordinary applications to allow of comparison of their actions.

The same local treatment is applicable also to some conditions of chronic eczema, but I have not as yet brought my experiments in that direction to a conclusion.

The solution is thus prepared:

R—India-Rubber.. .....oz. ss.  
Chloroform..... ..oz. xiss.

It is not adapted to acute cases.

*Dropsical Effusions.*—Dr. Chas. Burr, of Carbondale, Pa., tells us in the *Pennsylvania State Transactions*, that he used to feel quite uncertain when called to a case of dropsy, but now he "can smile and promise a speedy cure." The reason of this change is his adopting in all such cases the following prescription:

R. Infus. digitalis .....f.oz. iv.  
Potassæ acetatis.....oz. ss. M.

Dose—For an adult a tablespoonful, for a child a teaspoonful, every two hours.

If this prescription will exercise generally so happy an effect on physician and patient, our readers will thank us for reproducing it.—*Med. and Surg. Rep.*

We have used the cremor tartar with digitalis with similar results. w.

*Insect Destroyer.*—Take of quick lime four parts, sulphur one part. Break the lime into small pieces, mix the sulphur

with it in an iron vessel, close as soon as the water is poured on.

This is a good whitewash for orchard trees, and is a preventive to mildew, blight, and all species of insects.

*Nasal Catarrh.*—The following prescription we extract from a newspaper, as having cured five obstinate cases of nasal catarrh :

1st R. Sulphate magnesia.....oz. iij  
Port wine.....Oj

M. S.—Take one teaspoonful before breakfast, as a blood purifier.

2d R. Tanic acid..... gr. xv  
Glycerin,  
Aqua distil.....aa oz. j

M. S.—Sniffle a teaspoonful up the nostrils and into the throat frequently persevering until a cure follows.

*Exophthalmic Goitre*—The following case of this singular affection we extract from the *London Lancet* :

Case 1.—B. S——, aged twenty-two, a domestic servant, was admitted as an in-patient at the Stafford General Infirmary on Jan. 28th, 1876.

*Family history.*—Father and mother both alive, and enjoying good health. She has several brothers and sisters, and they are, and always have been, healthy. No evidence of any hereditary complaint whatever.

*Previous history.*—In the month of May last year, whilst feeling in every way in her usual health, she noticed that her eyes appeared more prominent than usual. This prominence kept gradually increasing, and a month or two afterwards she discovered a swelling on the right side of the neck, midway between the jaw and the collar bone. About the time she observed the swell-

ing in the neck she began to be troubled with palpitations and shortness of breath; her menstruation also became both scanty and irregular; her appetite failed; she lost both flesh and strength, becoming tired and exhausted by the least exertion. All her symptoms gradually increased in severity, and she became an in-patient at the infirmary on the date already mentioned.

*Condition on admission.*—The first thing that attracted attention was the strange and enormous prominence of the eyes; these appeared as if being fairly pushed out of their sockets. The next feature observed was a very considerable swelling of the thyroid gland, the swelling being much greater on the right than on the left side of the neck, extending indeed from the right side right across the trachea to the left side, where it was not so large. . . . She complained of no pain, said her bowels were regular, but that she had not menstruated for some months previously. Temperature perfectly natural; urine natural; appetite uncertain. She said she had lost much flesh, and that she was easily fatigued. She did not admit that she had suffered from any emotional excitement either before her illness, or since it commenced. Her eyesight was in no way affected; objects either near or distant were seen with great clearness. An ophthalmoscopic examination did not discover any unnatural condition; the disc was particularly clear and distinct.

*Treatment.*—As she had an anæmic appearance, she had given to her small doses of iron, and with the view of modifying and regulating the heart's action, tolerable large doses of digitalis were administered three times a day. The



bowels, which were rather prone to be constipated, were kept regular with the aid of medicine. She was allowed a liberal diet, and, whenever the weather would admit of it, she took exercise in the open air.

During the time she was in the infirmary her general health improved considerably, but the prominent symptoms were but little if any relieved.

*The Internal Administration of Chloroform.*—M. Jaillard, a French army pharmacist, after alluding to the difficulties that occur in the internal administration of chloroform, states that the following simple procedure is by far the best: The prescribed quantity of chloroform should be poured into from 100 to 120 grammes of milk (which may be either pure, or sweetened and aromatized with a few drops of cherry-laurel water), and then briskly stirred. The chloroform, in this way, becomes easily divided into an infinity of minute globules, exactly resembling in appearance the fat globules which exist in the milk, in the midst of which they remain suspended for an indefinite period.—*Med. and Surg. Rep.*

*Poisoning by *Enanthe Crocata*.*—Dr. Foss relates nine cases of poisoning in children by this plant. The root was the portion eaten by the victims. It is said to have a sweet taste, which is soon followed by a sharp, pungent sensation. The plant is called the five-fingered root, and is used very frequently in some parts as a dressing in severe cases of whitlow. The symptoms of the poisoning were similar in all the cases. Fifteen minutes after eating the root they all became unconscious, and had convulsions at intervals of half a minute between each. The pupils of the eye were widely dilated, the eyes were fixed and never

moved, and the retinæ were insensible to light. There was no paralysis, reflex excitability, or any tendency to vomiting or purging. The pulse, at the beginning of the attack in each case was about 100, but for several hours before death were imperceptible. Post mortem examination showed the left side of the heart to be filled with clotted blood, and the right side to be empty. Both lungs were congested, and upon section dark blood and frothy corruption oozed out. The blood-vessels of the membranes of the brain were congested with black blood, and so the substance of the cerebrum and cerebellum.—*The Practitioner*, October, 1876.

*Simple Method of extracting Foreign Bodies from the Oesophagus.*—Dr. Edmond Le Bele proposes the following means, by which, on two occasions, in the same individual, he extracted large bones from the oesophagus: A piece of iron wire, of medium thickness and about two feet in length, is bent on itself in the middle so as to form a small loop, in the form of a crochet, the size and shape of which will correspond to the form and volume of the foreign body; the extremity, which rests in the hand of the operator, is likewise bent in such a manner that traction can be exerted; finally, the whole wire is bent so as to correspond to the bucco-pharyngeal curve. The patient being placed in a convenient position, the head is fixed by the left hand of the surgeon, while the right introduces the wire into the oesophagus, keeping it along the posterior wall until it reaches the foreign body, when the movement of deglutition by the patient will often suffice to place the crochet on the inferior surface of the foreign body. As the metallic

wire does not take up much room in the patient's throat, it impedes the breathing less than the bulky instruments usually employed, which may also injure the epiglottis.—*Rev. de Therap.—Bull. de la Soc. de la Sarthe.*

*Warm Water Injections in Dysentery.*

—Dr. J. J. Reed, in *New York Medical Journal*, claims fine success in dysentery by the use of warm water injections of the temperature of 100° to 110°, as follows: "The method of administration is quite simple, and does not require the services of a skilled nurse, or expensive apparatus.

"The hips of the patient are slightly raised, by means of a pillow, and a basin of water of the requisite temperature is placed in the bed so as to allow the nates to rest on the edge of the vessel. The vaginal nozzle of a Davidson's syringe is then introduced into the rectum, and alongside of it the rectal smaller nozzle. A current of water is then kept up for ten minutes, the water passing through the vaginal nozzle into the rectum, and returning by a steady stream through the smaller one into the basin, without causing any inconvenience to the patient. If the disease is extensive, and the colon involved for a considerable distance, a long rectal pipe may be employed instead of the vaginal nozzle.

"The immediate effect on the patient is one of comfort, which lasts for about an hour.

"The injections are to be continued every two hours, till the active stage of the disease is past."

*Bromide of Potassium as a Caustic.*—

M. Peyrand, of Libourne, has demonstrated that bromide of potassium is a caustic. "His first clinical experiment on the subject took place in April, 1874,

when, by means of daily applications of powdered bromide, he effected the removal within twenty-eight days of an epitheliomatous growth on the face. He has since had equally good results from this treatment of atonic ulcers of the legs, rapid cicatrization following the separation of sloughs produced by the application. In such cases he uses either the powder or an ointment of one part in five, or a mixture (one in ten) of glycerine and the bromide. In many skin affections, as chronic eczema, pityriasis, and acne, in phagedæna, ulcerative stomatitis, and many other local inflammatory disorders, he has found it of use. As a local hæmostatic, a solution of one in fifty has served for epistaxis, and as a general hæmostatic its success in many cases of hæmoptysis and metrorrhagia was very marked, where ergot, perchloride of iron, and rhatany had failed."—*London Lancet.*

*Concentrated Solution of Salicylic Acid.*—

Perhaps the best formula yet offered for a concentrated solution of salicylic acid, miscible without precipitation with aqueous solutions, is the following, proposed by C. L. Mitchell (*American Jour. Phar.*):

Salicylic acid, pure.....dr.ij.

Borax .....dr.j

Glycerine ..... q. s.

Mix the borax and acid with half a fluid ounce of glycerine, and heat gently until dissolved, then add glycerine to make up one fluid ounce. This solution can be diluted with water to any extent without immediate precipitation, but if the volume of water reaches more than ten times that of the glycerine the mixture becomes cloudy after a time.

According to Chas. Baker (*American Journal of Pharmacy*, July, 1876) sali-

cyclic acid, when heated with twice its weight of olive oil, forms a homogeneous mixture, admirably adapted for application to surfaces. The oil separates to some extent on standing, but can be readily recombined by shaking.—*Detroit Rev. Med.*

*Jaborandi as a Galactagogue.*—Jaborandi, in doses of five grains of the powder, infused, and taken three times a day, has had a very decided effect in increasing the secretion of milk in several cases where mothers have had scarcely any flow, and have, in consequence, been unable to suckle their children. After taking the above-mentioned powders the flow has very soon been much more satisfactory, to the surprise of the patient, and somewhat to that of the doctor, as I have not hitherto had much faith in galactagogues. It is, however, necessary, if the breasts be not well developed, and therefore do not readily take to their secreting function, to continue the drug for some time, as the secretion will probably again fall off if the powders are discontinued too early. The resulting milk, I need scarcely say, agrees quite well with the infant, the jaborandi having no unfavorable effect upon its quality. The drug itself is said to have no such effect upon children as upon adults. The above property was indicated and the earliest accounts of the effects of jaborandi published by Dr. Ringer and others, by whom it was noticed that it increased the secretions of the skin and of the salivary and mammary glands.—*Brit. Med. Jour.*

*Treatment of Orchitis.*—For the treatment of this disease, Dr. L. D. Waterman, of Indiana, claims excellent re-

sults, in the *Practitioner*, with the following:

R. Tincturæ iodinii,  
Aquæ ammoniæ,  
Tincture opii,  
Olei olivæ.

The iodine and ammonia are added in quantity just sufficient to be bearable, and only cause half-blistering of the skin, or exfoliation with a stinging sensation for a short time after application. Thus graduated to the supposed endurance, the free application of it is made to the entire surface of the scrotum, and the woollen cloth saturated with the liniment, with which it is hourly (if possible) applied, is wrapped around the scrotum, and left there continually. The pain ceases sometimes in three hours, always within twenty-four, and the effusion is correspondingly rapidly absorbed without tapping.—*Med. and Surg. Rep.*

*Method of Bandaging the Breast.*—Dr. L. A. Dugas (*Louisville Med. Jour.*, April, 1876) says that in treating mammitis or mammary abscess he uses the following method of bandaging: A bit of cotton or linen shirting, about ten inches wide, and long enough, is placed about the thorax and secured in front by digitations similar to other "many-tailed" bandages. This is to be applied from the axilla down, passing around the chest and over the mamma, and to be tied in front of the sternum. It effectually compresses both organs, and may be removed, loosened or tightened according to the exigencies of the case, without any difficulty whatever. If only one breast is affected, the bandage may be so split as not to cover the whole of the other. The child may be

nursed through an aperture made in the bandage for the nipple. As soon as the congestion becomes painful or threatening, the bandage should be applied with such moderate tightness as will relieve pain, and it should be continued until the trouble has entirely subsided.

*Diseases of the Nose treated by Medicated Bougies.* Catti. (*Memorabilien*, 1876, No. 9.)—At a meeting of the Vienna Medical Society, Catti showed some gelatine bougies charged with astringent medicines—as sulphate of copper, zinc, carbolic acid, tincture of rhatany. They are from eight to eleven centimeters long, and from four to six centimeters thick. By a slow rotatory motion they are introduced into the nasal cavity, and by giving them a horizontal or slanting or perpendicular direction they can be inserted into the lower or middle nasal passage. The bougie inserted, the nostril is plugged with charpie or cotton, and in a few hours it will be entirely melted. By a regular continued use of such bougies Catti obtained very good results in the treatment of chronic catarrh of the nose and nasopharyngeal space, and of the ozæna.—*Chicago Med. Journal*.

*Solution of Phosphorous in Glycerine.*—Phosphorous dissolves in alcohol only after prolonged heating, but it is rapidly taken up when agitated with warm glycerine, and the solution may then be diluted with warm alcohol without separation of the phosphorous.—*Detroit Rev. Med.*

*Mucilage of Acacia*, it prepared with tolu water, instead of simple water, will keep for several months. The tolu water is made by triturating fl. dr. ij tinct, tolu with dr. iv carb. magnesium, then with Oij. of water, and filtering.—*Detroit Rev. Med.*

*Boldo.*—Boldo is a South American plant, a native of Chili. Its leaves, bark and blossoms possesses aromatic odor resembling turpentine and camphor. An essential oil has been obtained from the leaves, and an alkaloid called "boldine." It has the property of stimulating the liver and aiding digestion. One gramme of the tincture may be given at a dose, three times daily.

*Absorption of Iodine by the Skin.*—In a paper in *L'Union Med.*, it is shown that iodine poisoning resulted from the free application of iodine to the scalp of a child, in the treatment of ring-worm. It is not proper, therefore, to apply the remedy on extensive surfaces in children. The iodism was attended with albuminaria of a marked character.

*Quinine in India.*—"In the treatment of malarious cases in India, it is found that quinine loses its effect after a short time. Liquor arsenicalis in chronic cases, and the nitric acid bath for children, are the remedies now in favor in that country. The nitric acid is used much in the manner of the nitro-muriatic bath of the older writers."

Dr. Grave, in *Jour. of Mat. Med.*, 1868, reports seventy-six out of seventy-eight cases of intermittent fever, promptly cured by the following:

R. Soda hyposulphite,	grs. iv
Syrupus simplex,	dr. j
Aquæ,	oz. ij

M. Dose—Half tablespoonful every two hours.

*Coffee Leaf.*—It is said that the leaf of the coffee tree makes a beverage superior to the coffee, as usually prepared, and that it is in common use in Australia. Let it be introduced into Florida.

## PRESCRIPTIONS AND FORMULÆ

*Syrupus Matico et Cort. Granati.*—According to Perret (*L'Union Pharm.*) this syrup is one of the surest and most effective astringents against dysentery, cholera morbus, acute diarrhœa, etc. It is employed either pure or diluted with water.

Fol. Matico.....	partes	20
Cort. graniti.....	"	120
Aquæ bullient....	"	1,200
Sacchari.....	"	2,000

The matico and pomegranate are infused with the boiling water, and allowed to stand, well covered, for twelve hours. The infusion is then filtered, and the sugar dissolved therein. Dose, a teaspoonful to a wineglassful.

*Velpéau's Diarrhœa Mixture (The Pharm.)*—

Tinct. opii,	
Tinct. opii camph.,	
Tinct. rhei.....	aa fl. oz. j
Tinct. capsici.....	fl. dr. vj
Spts. menthæ pip....	fl. dr. x

M.

*Haarlem Oil (The Pharm.)*—

Linseed oil.....	2 pints.
Resin.....	1 pound.
Sulphur.....	1 pound.
Oil of turpentine.....	1 pint.
Strong water of ammo..	50 drops.

M.

"*Carbolate of Iodine*" (Dr. Percy Boulton's formula in *The Pharm.*)—

Tinct. iodinii comp.....	fl. dr. j
Acid. carbolic.....	min. vj
Glycerinæ.....	fl. oz. j
Aquæ.....	fl oz. v.

M.

The solution soon loses its iodine color, becoming clear and colorless. It is used for inhalation.—*New Rem.*

R. Tinc. eucalyptus globulus,  
Tin.c cinchonæ.....aa oz. ij M.

S.—Give two drachms three times a day in obstinate intermittants. W.

R. Sol. sulph. morphine....oz. iij  
Bromide potassium.....oz. ss M.

S.—One teaspoonful every two to four hours, in dysmenorrhœa, and other painful nervous affections of females.

R. Deodorized tinc. opii.....oz. ss  
Bromide of ammonium.....dr. ijss

M. S.—Dose, one teaspoonful every two to four hours. Excellent nervine and anti-spasmodic. Will agree with patients who cannot bear other forms of opium.

W.

## PRACTICAL HINTS.

Dr. F. L. Gerald, of Massachusetts, in *Eclectic Medical Journal*, publishes a paper on Uterine Pathology, from which we cull the following suggestions and formula, which, though partaking in some measure both of homeopathy and of eclecticism, so-called, seem to possess practical importance.

Upon the subject of the various sympathetic and reflex disorders resulting from uterine disease, he remarks if the appetite is poor with distressed feeling after meals, use the following :

R. Tinct. nux vomica, gtt. xxx  
" Collinsonia canad-

sis .. .....edr. iij

Water .....oz. iv

M. S. A teaspoonful before each meal, giving a teaspoonful of the elixir of bismuth after each meal.

Well adapted to many forms of indigestion.

If the bowels are constipated, the tongue having a yellow coating at its base, use the following

#### LAXATIVE PILL.

- R. Euonymin,  
Laptandrin.....aa.....gr. xx  
Podophylin.....gr. vi  
Pulv. capsicum.....gr. vij

M. Ft. Pills No. xx.

Dose one to three twice or three times a week.

If the system is in a state of anæmia and nervous prostration, use the following

#### NERVE TONIC AND ALTERATIVE.

- R. Syrup prun. virg. or glycrine oz. iv  
Tinct. ferri. chlo.....dr. iij  
Acid phosphoric dilut.....dr. iv

M. Dose—A teaspoonful in a little cold water after each meal.

#### FOR STRUMOUS CASES,

- R. Tinct. phytolacca .....dr. iv  
Iodid. ammonium .....dr. ij  
Syr. prun. virg.....oz. iv  
Spts. gaultheria .....dr. ss

M. Dose—A teaspoonful three times per day.

When a patient complains of a bad feeling in the head, with nervousness and restlessness, and is in fear of impending danger, use the following

#### NERVINE.

- R. Tinc. cactus grand.....dr. iss  
Tinc. pulsatilla....dr. i  
Water.....oz. iv

M. Dose—A teaspoonful every four hours.

For a feeling of weight and dragging in the uterine region :

- R. Fluid ext. helonias dioica.....dr. ij  
Fluid ext. mitchella repens...dr. iv

Fluid ext. canlophylum, thal.dr. iss

Spts. gaultheria.....dr. ss

Syr. prun. virg.....oz. iv.

M. Dose—A teaspoonful three or four times a day.

In

#### IRRITABLE BLADDER AND PAINFUL MICTURATION.

- R. Tinc. stramonium.....dr. i  
Bi carb soda.....dr. i  
Water.....oz. iv

M. Dose—teaspoonful every three hours.

## Scientific Items.

*Sideraphite* is a new alloy composed of iron, tungsten, nickle, copper and aluminum. The vegetable acids do not affect it, and the mineral acids very slightly. It is cheap, yet more useful than genuine silver.

*The Alpha fibre* plant is said to be very largely cultivated in the French colony of Algeria, millions of acres being devoted to this purpose. It is used for the manufacture of paper, for which it is better and cheaper than rags.

*Among* the papers of Professor O. C. Marsh, in regard to fossils in the museum of Yale College, is a description of the gigantic flying lizards, the remains of which have been found in Kansas. He says that the larger of them had a spread of wings of not less than twenty-five feet. They were found in the chalk formation, and hence existed at a very remote period of time.

*Notwithstanding* the failure of the recent Arctic expedition, Dr. Peterman thinks that a navigable route to the Pole will yet be discovered. He is of the opinion that Greenland extends northward to the very pole itself.

## Editorial and Miscellaneous.

☞ All communications relating to the business of THE RECORD, for the year 1877, must be addressed to  
DR. R. C. WORD,  
Business Manager, South. Med. Rec.,  
Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☞ Send money by check, postal order, or registered letter.

☞ Write your name, post-office, county and State plainly.

☞ Our list of co-laborers will be published in the February number.

### OUR JOURNAL AND ITS OBJECTS.

As the SOUTHERN MEDICAL RECORD, in its present new dress, will be sent to many who have not seen it, or been made acquainted with its objects, it seems not inappropriate that we say something in this issue about the plan and designs of our journal.

In inaugurating the enterprise, several years ago, we were well aware of the fact that failure had resulted from every similar undertaking in the Southern States. So uniformly, indeed, had this been the case that the charge had been often made, and received as a commonly accepted fact, that the physicians of the South could not be depended upon to support a medical journal.

In reflecting upon the cause of these repeated failures, the fact presented itself to our mind that the practitioners of the great South and West *had never been furnished with a journal adapted to their wants.* The large majority of them residing in remote and sparsely settled regions of country, and being much of the time in the saddle, need a journal practical rather than theoretical; and as they seldom take but one journal, they desire one that will give the pith and cream of all that is new, practical and useful in the medical world,

in as few words as possible. This being true, it is not surprising that the Southern journals have not been acceptable, as in nearly every instance they were issued in the interest of the medical colleges, and have devoted much of their space to introductory lectures, and long, prosy dissertations, designed to advertise the schools and the writers rather than to benefit the busy practitioner.

From these considerations we determined to issue a journal, the leading idea of which should be brevity in the publication of the truly useful and practical in the medical progress of the age. We confess that we have not as yet fully attained to our ideal, but we have approximated it very nearly. The result is that we have a large and increasing list of subscribers, and a constant demand for the back volumes of THE RECORD, which we are assured constitutes the best and most complete abstract of the medical news and information of the last seven years, to be found anywhere in Europe or America.

Our present new issue is in furtherance of the same leading object to which we have alluded, and, we trust, will accomplish it. The reduction in price, demanded by the pressure of the times, could only be attained by the reduction in the size of our journal. And yet we think the present number will show that the value of the RECORD will not be lessened, but rather enhanced by the change, and that the editors, by increased attention and diligence, can compress into its pages an equal, if not a greater amount of useful and practical matter than was heretofore done.

### TO OUR READERS.

It is believed that the adoption of the cash system in the future will bring a two-fold benefit: 1st, It will secure a prompt and punctual publication by the printers; and 2d, By relieving the editors from the harrassing labor of collecting, etc., will enable them to devote more attention to the preparation and selection of matter for the journal.

We do earnestly request our subscribers to save us from any future necessity of referring to the subject of dues, that those in arrears will respond without delay, and all who have sent up renewal orders will promptly remit, on the reception of this number. We hope not one will fail, as our contract with the publishers demands a strict adherence to the cash system.

### THE STATE BOARD OF HEALTH

The Georgia State Board of Health assembled in Atlanta on the 17th inst. A report was presented by Dr. J. P. Logan and the State Geologist, embodying the facts and conclusions of the late investigations made by the Board, at Savannah, touching the yellow fever epidemic. A report was also made by Prof. H. T. Campbell, of Augusta.

The Board alluded in severe terms to the imperfect sanitary condition of Savannah previous to the outbreak of the fever. Malarial influences were unusually prevalent, and the meteorological conditions were unfavorable—the weather being unusually warm, and the rain-fall unprecedentedly heavy.

The Board, however, does not attribute the origin of the fever to local causes, but gave facts to show that the germs of the disease at Savannah, Brunswick,

and Doboy were unquestionably imported from the West Indies in Spanish vessels.

The conclusions of the Board upon this point, we learn, are not concurred in by many of the resident physicians of Savannah.

If, when we see the published transactions of the Board, there shall appear anything important, or previously unknown to the profession, we will give it to our readers.

### THE LOUISVILLE EMBROGLIO.

We have received, through the press and otherwise, sundry articles bearing upon the unfortunate controversy among medical brethren in Louisville. At present, we have not space to devote to the subject, further than to express a hope that the truth and the right will prevail, no matter whom it affects. Good men throughout the country, though having no voice in settling local controversies, always regard with contempt the efforts of those who seek to put down the truth and give supremacy to error. No honor will attach to the party who gains a point by the use of unfair and dishonorable means. No one can be considered honorable who will indorse an act committed by his friends and condemn the same act when committed by his enemies.

ARUNDEL EYE-GLASSES. — Do you use eye-glasses? If so, you do not know what good eye-glasses are, if you have never used the *violet tinted Arundel*. The writer has tried them, and speaks knowingly. If you will send your number to Mr. Er Lawshe, of this city, he will fit you up and make you happy, at the small cost of \$3.50 for frames and glasses. You will never regret it. G.



**SPECIMEN COPIES.**—We send this number to many medical brethren whose names are not on our list. We respectfully ask them to subscribe, and to indicate it by remitting us \$2 at once. If you decline, please return the copy to

R. C. WORD, M. D.,  
Business Manager.

**TO PHYSICIANS AND DRUGGISTS.**—The undersigned has connected with the journal business a purchasing agency in Atlanta, Ga., for the convenience of druggists and physicians, who can save time and traveling expenses by sending their orders direct to him. He has intimate acquaintance with the wholesale dealers in the city, and facilities which will enable him to select goods judiciously, and at the lowest rates.

To the friends and patrons of this journal no commission will be charged for this service.

Our readers will please direct the attention of their home druggists to the above agency.

Address DR. R. C. WORD,  
Business Manager.

**MEDICAL MUSS AT LOUISVILLE.**—One of the students of Dr. Gaillard's Medical College (or Colleges?) has sued the faculty for the fees paid by him. We have condemned this "two in one" institution, as all honest men must, but we sympathize with any of our professional brethren when in trouble. We do not go with those—if any there be—who desire the annihilation of Dr. G., or the college in which he teaches. If he has done wrong, he should, and doubtless will, give ample reparation, both to the profession and the parties aggrieved. Charity becomes us, and we should be slow to condemn, utterly and entirely, until all the facts are known. We should deal justly—condemn where

blame is proven, and withhold it until evil is made plain. We sincerely trust Dr. G. may clear his professional garments of all taint, even at the expense of acknowledgement of error committed. He will lose nothing by such a course, but, on the other hand, will gain largely by it.

To all engaged in this controversy, we say: Seek the injury of no man. Give justice and truth the amplest play. Bring error to the plumb-line and exact no more. Do right, but temper right with the soft smiles of charity—the sweetest, holiest principle graciously given to our fallen race. G.

### BOOKS.

**MEDICAL DIAGNOSIS**—With Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M. D., Professor of the Practice of Medicine at the Jefferson Medical College, Philadelphia, etc., etc. Illustrated with Engravings on Wood. Fourth Edition. Revised. Philadelphia. J. B. LIPPINCOTT & Co., 1876.

This valuable work has been before the profession for some years. The present edition is much improved over former ones, by the many changes and additions which have been demanded in order to keep the subject matter abreast with the recent advances in pathology, etc. Diagnosis is the basis upon which all successful practice must rest. The practitioner, well grounded in anatomy, physiology, pathology, and materia-medica, will find Dr. Da Costa's volume one of the best helps in aiding him in attaining success in his practice. In our judgment, no practitioner should be without this helpful volume, and deprives himself of much when he fails to have it on hand for consultation. We advise all to obtain a copy. Like everything else from the publishing house of J. B. Lippincott & Co., the letter-press

of this work is all the most fastidious could require. G.

**FILTH DISEASES AND THEIR PREVENTION.** By JOHN SEMOW, M.D., F. R. C. S., Chief Medical Officer of the Privy Council and of the Local Government Board of Great Britain. First American Edition. Printed under the direction of the State Board of Health of Massachusetts. Boston. JAMES CAMPBELL, 1876. Price \$1.

There is scarcely a subject about which so little is known as that of Filth Diseases. Everywhere where man finds a "local habitation" filth diseases prevail—whether in the home, city, or rural sites. It matters not how isolated may be his home, these diseases are liable to occur. The importance of their prevention cannot be over-estimated, particularly as the diseases so caused are the most common and fatal to which man is subject. The prevention recommended does not lie in medication—not in preventive medicine—but in respect to a knowledge of correct sanitation, based upon the laws of hygiene. This little volume will be of immense service to the people, if its teachings are properly sustained and enforced by the example and practice of medical men. But the profession, as a mass, are not sufficiently well grounded in the principles of hygiene, and, until they become well informed, can never give wholesome advice upon filth diseases and their prevention. Among the valuable helps in obtaining information on so important a subject the little volume above will be useful and helpful. G.

**SCRIBNER'S MONTHLY.**—Have you ever subscribed for Scribner? If not a treat is in store for you when you do. It will do you good—your wife, if you have one, good—and your family good. Dr. Holland's beautiful story, *Nicholas Menturn*, is worth the subscription to say nothing of the attractive

illustrations with which it is filled, and the quantity of other valuable reading in it. Price \$4. G.

**ST. NICHOLAS.**—Did your child ever see St. Nicholas? If not, you have deprived it of one of the greatest pleasures it is possible for it to have in life. St. Nicholas is the best, purest, the finest illustrated, and most entertaining child's magazine in the world. Let your little ones have it. It costs but \$3 a year. G.

### RECEIPTS.

The following names are *received* on renewals for 1877, up to the time of going to press:

L. D. Johnson, John Hardeman, Preston Bond, A. D. Pound for six months, J. H. Howard, A. H. Sellers, W. J. Lee, E. Y. Flemming, John O'Brien, G. B. Battle, J. L. Martin, E. W. Hunter, C. D. Satman, A. P. Harris, J. W. Gilbert, Robert Kells, B. F. Darnell, D. W. Delbridge, S. M. Hogan, W. K. Jones, John A. Hanks, J. H. Henry, J. P. Olliver, C. W. McDaniel, L. W. Mobley, F. B. Calling, A. G. Smythe, L. J. Brownlee, G. H. Thompson, F. De'Lee, J. B. Baily, Lanier & Cabe, W. N. Ames, G. A. Dyer, James Underwood, John A. Field, J. E. Terrell, C. C. Jones, E. N. Cushing, John Riches, E. H. Hurst, J. H. Keer, Wm. Goodrich, J. Alexander, W. F. Grasham, A. A. Stanley, J. M. Stansell, R. Fowler, Charles E. Ward, E. R. Young, M. T. Anderson, R. R. Huie, J. W. Butts, Wm. Palmer, J. C. Moody, J. D. Moon, W. E. Brock, K. H. Davis, A. H. Randall, W. W. Mahan, Q. J. Mathews, Fred. Savage.

Dr. Powell requests me to say that receipts on our old accounts will be sent by mail.

R. C. WORD,  
Business Manager.

# THE SOUTHERN MEDICAL RECORD.

VOL. VII.

ATLANTA, GA., FEBRUARY 20, 1877.

No. 2.

THOMAS S. POWELL, M. D., EDITOR.

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Assistant Editor.

R. C. WORD, M. D.,

Assistant Editor and Business Manager.

SUBSCRIPTION: TWO DOLLARS PER ANNUM, IN ADVANCE.

All communications, and letters on business connected with THE RECORD for 1877 must be addressed to the Business Manager.

## Original and Selected Articles.

### CASES IN PRACTICE.

By GEO. A. DYER, M. D., WASHINGTON, IND.

1. *A Case of Cerebro Spinal Meningitis, with Treatment.*—June 25, 1875, was called to see Mrs. C., a young married woman, about five months gone. She was suffering from spasms, with violent opisthotonos, headache, pain in left side, rational. Had a chill last night. Pulse 96, skin moderately soft, great heat at base of brain, and in neck. Diagnosed cerebro-spinal meningitis. I gave her immediately a good dose of calomel, with com. extract of colocynth. Ordered free cupping on back of neck and between shoulders. Gave—alternating every three hours—tr. gelsemium, spts. nitre, and tr. hyoscinus, combined with bromide potassium, chloral hydrate, fluid extract of ergot, and morphia. Whisky *ad libitum*.

On the 25th she lost power of speech,

and was quite deaf. On the 26th, could read writing, and answer by signs, but was still deaf. Convulsions not so frequent, no opisthotonos, face much flushed, pulse 96, tongue cleaner, the medicine given day before yesterday, followed by oil, having done its work effectually. Gave her, since last night, thirty grains of quinine in six doses, a dose every three hours, to prevent another chill. P. M., 5 o'clock—can talk some; tongue still better; no roaring from quinine. Continued the alternating medicines.

27th. — Light headache, no fever, pulse 96, convulsions once-in-a-while, speech thick.

28th.—Iodide potassium was given in three grain doses every three hours, to promote absorption of fluids. Blisters behind her ears, horseradish leaves to limbs; countenance dull, and expression anxious; whisky freely. In even-

ing speech better, deglutition difficult, but cannot hear yet—pulse 88.

29th.—Pulse 84. No pain except in head. To-day, at 3 P. M., she had very severe spasms, but under application of blister to back of neck, she rallied.

30th.—She seems better in many respects—in fact from this day she began to convalesce, and on the 4th of July was able to sit up.

What is remarkable about this case is the continuance of the spasms; but I attributed this to her general nervous temperament. Another thing stranger, that with all the spasms, so violent and long-continued, she did not miscarry, but, a few months afterwards, I attended her in confinement, and her baby was a fine fat girl, who has not had a day's sickness to this time, December 7, 1876.

A few weeks ago I attended this same lady for tonsillitis. She had marked symptoms of return of the old disease, but I broke up the symptoms almost immediately with a few doses of fluid extract of ergot, which seemed to quiet her brain as if by magic.

2. *A Case of Inguinal Hernia about the Eighth Month of Pregnancy.*—On the evening of the 14th January, 1875, was called to see Mrs. K., a young married woman, pregnant about eight months, who thought she was about to be confined.

She was suffering with pains in her stomach, and from vomiting and straining. Upon examination, I found the os uteri perfectly closed, the plug firm, and no sign of labor. Supposing the symptoms to be those that occur about the eighth month, *settling of the womb*, I gave her an anodyne which gave some relief, and after remaining two hours, as she seemed easy, I went home. The

next evening I was again called, the same symptoms appearing, when, upon again examining her, I found quite a large tumor in the right labium. I raised her hips, made taxis, and after a while succeeded in returning an inguinal hernia. I gave her some castor oil, and waited for its action. It soon operated and she became better. I gave her an anodyne, and when she was perfectly easy I went home. When I first saw her, she said she felt the movements of the foetus, and, therefore, I did not think it necessary to examine as to its condition. Some week or two before this, Mrs. K. had been moving. Contrary to the advice of friends, she had helped to lift stoves, beds, etc., and had even *alone* put down a carpet.

About three or four weeks after I saw her, she was delivered of a still-born babe, and it seemed to have been dead for some time.

It may be that her exertions, at the time of moving and arranging her house, caused the child to turn and get entangled in the cord, as this was found to be its condition.

Mrs. K. was confined again in January, 1876, but the hernia has never since returned.

A simple bandage, tightly applied, seemed to be sufficient in her case, to prevent its return in 1875.

## SELECT FORMULÆ FOR DIPHTHERIA.

By G. D. HODGE, M. D., PRESIDENT, ARK

Diphtheria is already committing its fearful ravages in many portions of the "Sunny South," and, as the wails of weeping mothers are going up over the land, we hold that every true physician

should be armed, and ready to fight, as best he can, this terrible scourge of the infantile race. With this view, we condense from past numbers of the RECORD a few formulæ, some one of which, in the hands of our brother practitioners, may, perchance, prove the means of restoring some little darling to the arms of its fond mother. If so, our sole aim will be gained.

R. Boiling water.....oz. 6—20  
Liquid ses-quichlo. iron...m. 20—60  
Carbolic acid..... gr. 3  
Red honey.....oz. 6 M.

One or two teaspoonsful every two hours internally, and as a gargle. *Keep up frictions of the skin from the beginning,* and use no cauterizations, active purgatives, or emetics. Prof. Lolli, of Italy, avers that this plan of treatment gives less than two per cent.

R. Chlo. pot. sat. sol.....oz. 4  
Muriatic acid.....dr. 1  
Tinct. mur. iron.....dr. 2 M.

A small teaspoonful, properly diluted, every three hours, and alternate with 5 to 15 or 20 drops of liquor pot., for a child six years old.

R. Pulv. guaiac.  
" myrrh.  
" capsicum ..... aa..oz. 1  
Alcohol.....oz. 16

From 5 to 30 drops in milk, alternated with 5 to 15 grs. of hyposulph. sod. every two to four hours. Over an hour should intervene between doses, to prevent coagulation of the milk. With chloral and glycerine locally, we have used both of the latter formulæ with signal benefit. Speaking of chloral, we believe, at no distant day, this agent, with bromide potassium, will "go to the front," as local remedies in throat affections.

R. Cincho-quinine .....gr. 3  
Chlo. pot. sat. sol.....dr. 2  
Salicylic acid..... ..gr. 4  
Tinct. mur. iron.....m. 30  
Brandy ... .....dr. 2  
Sweet cream.....oz. 2 M.

Use as an injection, every four to six hours. Increase or lessen the brandy, as necessity may require. If much jactitation exist, or should the enema be rejected, ten drops of laudanum may be added. So great are the absorptive powers of the rectum, that some extreme cases are reported as having been kept up for days, and finally conducted to convalescence with the above quieting, tonic and stimulating injection. We would think this plan well worthy of trial in cases in which we are debarred from medication otherwise.

#### BLEEDING AT THE CORD.

By DR. A. PETTIT.

*Case 1.* Attended a lady who, after a natural labor, was delivered of a large, healthy looking male child. There was nothing abnormal in the appearance of the cord, which I ligated as usual. About three hours after leaving the house I was called back, and found that there had been a severe hemorrhage from the cord. There was no bleeding when I arrived, but though the ligature seemed sufficiently tight, I placed another behind it. There was no more bleeding at that time, but on two occasions after the dropping of the cord there were slight hemorrhages from the umbilicus, for which I used the topical application of the solution of perchloride of iron. The child survived and did well.

*Case 2.* Was called to see an infant three days old. It presented a good

appearance as to health, but had just had a severe hemorrhage from the base of the undetached cord; there had been no bleeding from the distal end of the cord. I wrapped the base of the cord with linen saturated with the solution of perchloride of iron, and ordered one drop of the muriated tincture of iron and five of Squibb's ergot every two hours. There was no return of the hemorrhage then or thereafter.

*Case 3.* Was called to see a negro child eight or ten days old, which was having a severe hemorrhage from the umbilicus; tried the topical application of perchloride of iron without success, then transfixed the umbilicus with two pins and wrapped them tightly with silk; this controlled the hemorrhage for a while, but the child ultimately bled to death.

*Case 4.* Was called during the night to see a child about eighteen days old, which presented a very anæmic appearance. Father stated that at birth it seemed healthy and promising, but that on two occasions after the dropping of the cord it bled profusely from the umbilicus—afterwards from the skin on the right side of the chest, and then from the right and left temple. After this a large blood tumor made its appearance on the left wrist. The seat of hemorrhage on the right temple was covered by a little desicated blood about the size of a pin's head, and the seat of hemorrhage from the left temple presented a little rosy spot about the same size. There was no apparent solution of continuity of the skin. The left wrist presented a large blood tumor, the skin covering of which was dark and seemed about to sphacelate. There had also been some hemorrhage from the

throat, which, on being examined, presented a dark, apparently hemorrhagic tumor on the edge and above the right soft palate. The father now told me that his family physician was attending the child, but that having tried unsuccessfully to get him to open the tumor on the wrist, he had sent for me. I told him the child would most probably die any how, but that the use of any cutting instrument would insure and hasten its death. He told me afterwards, that on the next day his physician yielded to his importunities and lanced the tumor, after which the child bled to death. I think the frequent administration of small doses of iron and ergot, and the application of a compress of carbolyzed glycerine to the tumor would have been a treatment worthy of trial. I made inquiries as to the health of the parents. They both looked well, and I could find no reason to attribute the bad nutrition of this child to constitutional taint. They gave healthy histories, and had had several other children who enjoyed invariable good health.—*N. O. Med. Jour.*

## THE THERAPEUTICS OF HEAD-ACHE.

A Lecture Delivered at Bellevue Hospital Med. College.  
By A. A. SMITH, M.D.

GENTLEMEN—We take up to-day the therapeutics of certain forms of headache, a very important subject. Headache may be divided into organic and functional; but I believe you will get a better idea of the treatment by dividing the cases according to the causes.

You will remember we took up purely neuralgic headache at the last lecture.

A headache, when due to nervous disturbance, such as occurs in hysterical or excitable subjects, if associated with

plethora, often yields to a saline cathartic. The most agreeable is the solution of citrate of magnesia, and should be given, a full bottle of it on an empty stomach. In addition, it is well to give one of the bromides combined with valerian. The following prescription I frequently use:

R. Sodii bromid.....dr.vi.  
Elix. valer. amm.....oz.iv.

M. Sig. dr.i. every hour until relieved.

If such nervous headache be associated with anæmia, after relieving the immediate attack with the bromide and valerian prescription, give iron, and give it for weeks, until there is a decided improvement in the patient's condition. Always give the iron after meals. In these anæmic cases it is often advisable to stimulate the heart's action. For this purpose I have found the following useful:

R. Amm. muriat.....oz.ss.  
Tinct. actæ racemos.,  
Aquaæ .. .....aa.oz.ijj.

M. Sig. dr.ij. after meals in a wine-glass of water.

If there be despondency and depression of spirits, phosphorus, with nux vomica, is a good combination. The unpleasant taste of the phosphorus has been overcome by being made into sugar-coated or gelatine-coated pills. I frequently prescribe a pill containing phosphorous gr.  $\frac{1}{4}$ , with ext. nux vomica, gr.  $\frac{1}{4}$  t. i. d., with the happiest results. The pills can be obtained of any reliable druggist. This despondency is apt to occur in those who have been overworked mentally, or are harrassed by business cares, or who suffer great mental anxiety. If, in addition to these symptoms there be sleeplessness, I employ the following pill:

R. Camph. pulv..... gr.xxv.  
Ext. cannab. ind.....gr.x.  
Ext. hyoscyami.....gr.xx.

M. Div. in pill No. x.

Tig. One at night. Repeat in two hours if necessary to produce sleep.

It is important to attend to the general health of the patient. Remove all causes of excitement; encourage exercise in the open air; let the food be simple but nutritious; let the sleeping-room be large and well ventilated; in short, let the patient be surrounded by the best possible hygienic influences. These general remarks will apply to almost all forms of headache.

#### SICK-HEADACHE.

I usually recognize two forms of sick-headache (so-called), the one neuralgic in character, as hemicrania and trifacial neuralgia, the other a dyspeptic headache. In the neuralgic variety the pain in the head precedes the nausea, while in the dyspeptic variety the pain in the head succeeds the dyspeptic symptoms. In the neuralgic, vomiting does not relieve the pain, while in the dyspeptic an emetic or laxative often removes the pain in the head by removing the cause. In addition to the treatment given in a previous lecture for neuralgic headache, which often occurs at intervals of a few days, or a week or two, sometimes coming on at sunrise and disappearing at sunset, I have good results from the use of guarana, or paullinia sorbillis, as it is sometimes called. I give it usually in powder, grains fifteen every fifteen minutes, until six doses have been taken. It is best given in a little sweetened water; and if six doses do not relieve, do not continue it; it will probably not relieve. It is well to give these powders in any headache (not

malarial) of long standing and prone to return at certain intervals.

#### MALARIAL HEADACHE.

Malarial poison may produce pain in any portion of the head, but the most frequent locations are the sub-occipital region, the frontal, and on either side (hemicrania). Begin your treatment by the use of quinine. If distinctly periodical, give ten or fifteen grains two or three hours before the expected attack. It may be necessary to push the quinine in divided doses until cinchonism is produced, and kept up for several days, and then gradually diminish the dose. If the pain still continues to recur, and it frequently will, resort to arsenic and belladonna, five-drop doses each of Fowler's solution and tincture belladonna, after meals, increasing the Fowler's one drop each day until oedema arsenicalis is produced. This will seldom fail to give relief.

#### HEADACHE FROM GOUT.

I have found the following prescription beneficial in a headache dependent on gout:

R. Vin. colch. sem.....dr.ijj.  
Lithii bromide.. .....oz.ss.  
Syr. zingib.....oz.ss.  
Aq. cinnamonii, q. s. ad.oz.vi.

M. Sig. oz.ss. in a tumbler of Vichy water every four hours.

Such patients will be benefited by the regulation of the hygiene, tonics, a partial discontinuance of stimulants, particularly those which have been found by experience to aggravate the gouty symptoms.

#### SYPHILITIC HEADACHE.

It is hardly necessary that I should tell you that the headache of syphilis is more severe at night, and is quite apt to awaken the patient after twelve, by its increasing severity. The use of cal-

omel in one-tenth grain doses every hour, for twelve hours immediately preceding the time that it awakens the patient, gives more rapid relief than the ordinary constitutional treatment. The calomel treatment may be continued for two or three days, and then stopped, and iodide of potassium given. I usually begin the iodide in fifteen-grain doses after meals, and gradually increase it until iodism is produced, or irritation of the stomach occurs, provided the symptoms do not yield earlier. It may be necessary to push it to 350 or 400 grains a day before the symptoms yield.

#### RHEUMATIC HEADACHE.

The headache of rheumatism is characterized usually by tenderness of the scalp, which is increased on pressure or motion. Use the mild faradic current on the scalp, and internally the following:

R. Potass. iodide,  
Amm. muriat. ....aa.dr.iss.  
Infus. humuli.....oz.vi

M. Sig. oz.ss. four times a day in a wineglass of water.

In some cases of rheumatic headache, which have not yielded to the above treatment, I have found bromide of ammonia in twenty-grain doses every two hours effectual.

#### URÆMIC HEADACHE.

There is another form of headache which is of great importance as a symptom of serious disease. The pain in the head may be the first evidence you will obtain that there exists renal disease, and that you really have to deal with uræmic headache. The judicious plan of treatment in such cases has for its object the removal of the abnormal amount of urine from the system. To



accomplish this, you may call into action one or all of the three great emunctories of the body, the kidneys, the intestines and the skin. Make the kidneys act if you can; apply dry cups over the region of them, and give internally the following:

R. Potass. acetat.....dr.vi.

Infus. digitalis.....oz.vi.

M. Sig. oz.ss. q. 3 h.

The infusion should be made from fresh English leaves. Give this until the kidneys act freely, if you can make them do it within twenty-four hours. You cannot always rely on this, however. If the kidneys do not act freely and the headache is not relieved within twenty-four hours, give a saline cathartic. A treatment almost domestic, and often very effectual, is to put an ounce of cream-tartar in a quart of water, and have the patient drink this in eight or ten hours.

#### ALCOHOLIC HEADACHE.

The headache of acute alcoholism, or inebriety, follows a debauch. The first indication is to remove the alcohol from the intestinal canal. For this give of rhubarb and magnesia calcined each half a drachm, then give as follows:

R. Spts. amm. aromat.....dr.ij.

Tinct. camph.....dr.iss.

Tinct. hyosciami.....dr.iiss.

Spts. lav. comp. q.s.ad...oz.ij.

M. Sig. dr.j. q. 1 h. until the headache is relieved, and then give capsicum gr.ij. and quinine gr.ij. before each meal for several days. If there be sleeplessness give:

R. Sodii bromid.....oz.ss.

Chloral hydrat.....dr.iiss.

Syr. aur. cort .....oz.ss.

Aquæ .....oz.iiiss.

M. Sig. oz.ss. at night, repeat in

two hours if necessary to produce sleep.

#### DYSPEPTIC HEADACHE.

Dyspepsia is a frequent cause of headache.

If there is indigestible food in the stomach, and it has been there for some time, give an emetic, as mustard and warm water, or sulphate zinc gr.xv., and remove it. If there is evidence of indigestible food in the alimentary canal, beyond the stomach, give gr.xx. of rhubarb and magnesia each, and remove it from the bowels. If the headache be frontal, and the pain is located immediately over the eyes, give dilute nitromuriatic acid in ten-drop doses, well diluted, after meals. If the pain is located about the roots of the hair, give an alkali before meals, as gr.xx. bicarbonate of soda or magnesia. The dyspeptic headache oftentimes is not confined to these regions, but spreads over the entire head. In such cases I combine an acid with an alkali, and add to these nux vomica, as in the following prescription:

R. Sod. bicarb.....dr.iiss.

Ac. nitro-mur. dil.....dr.ij.

Tinct. nuc. vom.....dr.iss.

Syr. aurant. cort.....dr.vi.

Aquæ, q. s. ad.....oz.vi.

M. Sig. oz.ss. after meals in a wine-glass of water.

If there be gastric pain, a mild counter-irritant, as a mustard plaster to the epigastrium, will often relieve the pain in the head as well as the pain in the stomach. If flatulence be a troublesome symptom, give the following:

R. Bismuth subcarb..... dr.iss.

Tinct. nuc. vom .. .... dr.iss.

Tinct. card. co.,

Spts.lav.comp. aa q's.ad.oz.iv.

M. Sig. dr.ij. before meals in a wine-glass of water.

If there be constipation, the following pill may be given, one in the morning :

R. Aloes pulv.....dr.ss.  
Ext. nuc. vom.....gr.v.  
Ext. belladonna.....gr.iv.

M. Div. in pil. No. xv.

In some forms of headache associated with stomach indigestion, I have found small doses, often repeated of tinct. nux vomica effectual. I give a single drop every fifteen minutes, and continue this two or three hours if necessary. In other cases, where the headache comes on soon after a meal and seems to depend on stomach digestion large doses of pepsin are effectual. Give a half drachm saccharated pepsin in a wineglass of sherry wine, t i. d., and let it be taken during meals.

#### HEADACHE FROM CONGESTION.

Cerebral congestion as a cause of headache may be divided into two varieties, active and passive. These claim almost directly opposite plans of treatment. In the active variety the patient should be kept in a darkened room, perfectly quiet, cold and evaporating lotions applied to the head. A saline cathartic may be given, and the following prescription :

R. Sodii bromid.....dr.iiss.  
Fl. ext. ergot.....dr.iiss.  
Syr. zinzib .....oz.ss.  
Aq. aurant. Flor. q.s.ad. oz.iv.  
M. Sig. oz.ss. q. 2 h.

If the skin be hot and dry, and the pulse full and rapid, give Fleming's Tinct. Aconit. Rad. gtt. ii. q. 2 h. until the heart's action is sensibly diminished. Sometimes a hot mustard foot-bath will give relief.

The passive congestion variety demands a different mode of treatment. In many cases this variety is found associated with cardiac disease, and most frequently where there is cardiac dilatation. Hypertrophy gives rise to the active variety. Improve the condition of the blood by the use of iron, quinine, bitter tonics, alcoholic stimulants, good food, and stimulate the heart's action by the use of the following :

R. Tinct. digitalis.....dr.iii.  
Spts. amm. aromat.....dr.vi.  
Spts. lavand co.,  
Syr. simp. aa q. s. ad.....oz.iii.  
M. Sig. dr.i. q. 4 h.

#### ANÆMIC HEADACHE.

Cerebral anæmia produces a headache, which is often mistaken for the passive cerebral congestive form. It is often associated with general anæmia, nervous exhaustion, and may occur in heart disease in consequence of enfeebled heart-power, such as is met with in enlargement with dilatation, fatty degeneration, and myocarditis. Improve the general condition of the patient, and stimulate heart's action as recommended in the passive cerebral congestive variety. Nitrite of amyl will relieve the immediate headache. Let the patient inhale three to five drops of it on a piece of cotton, placed within one nostril while the other is held closed. When associated with nervous exhaustion, I employ the following :

R. Strych. sulph.....gr.ss.  
Tinct. fe. chlor.....dr.ij.  
Glycerinæ.....oz.ss.  
Infus. gentian q. s. ad....oz.vj.

M. Sig. oz.ss. after meals, in a wine-glass of water.

A word as to alcoholic stimulants. These are beneficial in headache de-

pendent on cerebral anæmia. Champagne is a specially favorite form, and is much relished by those who suffer from nervous exhaustion. You should use caution in recommending it to such patients, as it may lead to serious results. Give it always as a remedy, and not as beverage. A safe plan is to recommend brandy, a tablespoonful after each meal, and limit the champagne to one glass, and let it be taken with the dinner.—*Western Lancet.*

### TRANSFUSION AND AUTO-TRANSFUSION.

Abstract of a lecture delivered by Dr. LUSSEN before the Berlin Gynecological Society, December 1, 1874, and published in *Klinische Vorträge*, No. 86.

Three medical questions have excited general interest in Germany during the past few years, (1) military surgery (2), avoiding the loss of blood in operations, and (3) transfusion, which has been very generally discussed, though with little result. Here physiological experiment proves more profitable than clinical observation, and the author turns to that.

He begins with the account of a simple experiment. If the vena jugularis of a small dog be connected by a system of tubes and canulæ with the carotid of a large dog, the blood of the large animal passes over into the smaller, which soon begins to struggle, but then becomes quiet, and the activity of the respiration is diminished. The large dog at first remains still, but the loss of blood causes after a while a quivering of the muscles, the breath is drawn deeper and more rapidly. Somewhat later the cramps accompanying loss of blood begin. Meanwhile, in the small dog the vessels are found swollen, and the eyes projected. If the experiment be

now interrupted, the smaller animal runs about, all right. The larger animal lies motionless, the flow of blood from the carotid has almost ceased. If the artery is closed, the head lowered and the limbs compressed, so as to drive the blood from the extremities and the abdominal cavity to the central regions, the animal begins to breathe again, and if the carotid is then re-opened the flow of blood begins anew, continuing till death follows. Upon weighing the small dog it was found, after the experiment described, that its quantity of blood had been doubled without producing any immediate harm.

This large addition of blood does not produce extravasations, but remains for the greater part in the vessels, as shown by Worm-Mueller. The arterial pressure is not, however, thereby increased, because the elasticity of the walls of the vessels is changed in a peculiar way; the capacity of the vascular system is thereby increased sufficiently to take up the extra blood without any rise of pressure. As the limits of this power of self accommodation lie beyond the quantity of blood which might come into consideration in making a therapeutical transfusion, the fear of producing a dangerous rise in the pressure in the vessels by transfusion is unfounded, except, at most, in cases of certain diseases of organs in which any rise of the blood pressure might be followed by dangerous effects. The author makes other extremely important applications of this new discovery.

From animals whose blood has been doubled by transfusion, only a part of the blood can be recovered, and the animals die by bleeding before the quantity of blood has reached the normal level. If, however, the extremities be wrapped in

Esmarch's bandages and all means used to drive the blood towards the heart, the circulation recommences, and the pressure in the carotids, which was very low, rises again. In this way the life of the animal may be saved.

This method has been called auto-transfusion by the French, and seems destined to become of the greatest value, and has already been used with success, though not many trials have been made of it. The author enumerates the following indications for its use:

(1.) Small loss of blood, before having recourse to transfusion, and before and after surgical operations.

(2.) In cases of anæmia, before and after operations by which a fresh loss of blood is unavoidable.

(3.) Operations requiring the inhalation of chloroform, in cases of anæmia, as the pressure of the blood is lowered by the influence of the chloroform, Lentz, Brunner, Scheinsson, etc.

(4.) It should always precede transfusion itself, especially in cases of loss of blood, as by it life may be maintained during the critical moment, which is often lost in preparing the instruments for transfusion.

If the auto-transfusion suffices, it shows that a transfusion is unnecessary; and becomes in this way a good means of diagnosis.

The author then discusses the various forms of anæmia in their relations to the quantity of blood and its pressure.

In the author's experiments the trans-

fusion was, of course, made with the natural blood. The principal danger in this case is that of coagulation or the introduction of air, which the author reduced to a minimum by using merely two canulæ, one for the artery and one for the vein, and connecting them by short bits of rubber tubing, with an intermediate glass tube. He recommends direct transfusion, and to avoid complicated apparatus. For indirect transfusion he considers a constant pressure of mercury, and that preliminary warming of the blood is unnecessary, as a cold temperature delays coagulation, and Malgaigne, Polli, and Casse found no harm to be done by the injection of blood at the ordinary temperature.

Since the introduction of defibrinated blood diminishes the coagulability, transfusion with it must be rejected when there is a fresh wound, or escape of blood.

Transfusion is a means of saving life, the loss of which is imminent either from certain acute diseases, want of blood, or asphyxia of the tissues. It is evident that for man undefibrinated human blood is the best, but the blood of animals may be used when it has no poisonous influence on the system. It is desirable to find some animal which may be obtained more readily than lambs, and the proposal to try dogs is worth experiment.

Dr. Lester ends his interesting and original lecture with a final recommendation of auto-transfusion.—*C. S. Minot: Boston Medical and Surg. Journal.*

## Abstracts and Gleanings.

*Treatment of Diphtheria.*—"I will not stop to enumerate the long list of remedies used, but will confine myself to the method which I have adopted, and with such evident success that I feel glad to announce to any of you who have not followed the same line of treatment that you will be compelled to say—'Eureka.' I am sure I feel quite as enthusiastic in the success of the treatment which I propose to lay down as one of our number is in the treatment of variola with milk-punch and egg-nog. If you are permitted to see the patient within the first few hours of the attack, commence your treatment at once with quinine and aromatic sulphuric acid in doses suitable to the age of the person receiving it. Give freely of solution of chlorate of potassa, as a disinfectant, and perhaps you will not be required to administer any other remedies. If, however, the membrane has become so thickly deposited as not to be affected by the acid and chlorine, you should apply with your own hand a mop, properly made, saturated with the liquid persulphate of iron, and literally swab out the throat until you remove every particle of membrane. Let this be repeated two or more times each day, or as often as the membrane would continue so to be reproduced, and you will have the satisfaction of seeing your patient make a speedy recovery without any of the consequent sequelæ. I took my first hint of the sulphuric-acid treatment from a short extract which I clipped from a paper coming from a doctor in Australia, where the disease was producing such extensive ravages that the government offered a large reward for any certain

method of cure. I will quote from the paper: 'It is simply the use of sulphuric acid, of which four drops are diluted in three fourths of a tumbler of water to be administered to a grown person, and a smaller dose to children, at intervals not specified. The result is said to be a coagulation of the diphtheritic membrane, and its ready removal by coughing. It is asserted, where the case thus treated has not advanced to a nearly fatal termination, the patient recovered in almost every instance.' This suggested to me the treatment which I have already announced; and from the experience of entire success which I have had in the last two years in not having one fatal case during that time from that disease, where I had the treating of the case from the beginning, I do not hesitate in declaring it as my opinion that quinine as an eliminator of the poison from the system, and sulphuric acid as a detergent to the throat, are decidedly as much a specific for diphtheria as quinine is for intermittent fever, or iodide of potash and bichloride of mercury are for tertiary syphilis."—*Phil. Med. Times.*

*Differences Between the Anæsthesia of Ether and Chloroform.*—Prof. Schiff (*Brit. Med. Jour.*, May 22, 1875), relates the results of more than five thousand experiments on the differences between ether and chloroform anæsthesia. With both, paralysis of conscious sensation, paralysis of the movement of voluntary muscles, paralysis of respiration, circulation, and, finally, paralysis of the heart and the vaso-motor nerves, occurs. Respiratory paralysis is produced by ether when circulation and blood pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases,

but is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paralysis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artificial respiration is useless, because there is no longer any exchange of gases, the blood pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life when etherization is employed, whilst it may be so with chloroformization, because sometimes it is possible to produce some automatic respiratory movements; but, nevertheless, respiration ceases immediately and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained it may be taken as certain that respiration will continue, and that the animal will live. Schiff affirms that in the present state of our science there are no means which will show us how to recognize, so as to prevent them, the tendencies which may cause death in some animals after the first inhalations of chloroform before having produced true anæsthesia. The reverse occurs with ether, so that it may be said that, in the present state of knowledge, the surgeon is responsible for the death of the individual by etherization, whilst he is not responsible when death occurs from chloroformization. From these facts Schiff concludes:

1. The phenomena relating to the paralysis of sensibility and movement

are common to both ether and chloroform.

2. The two other orders of phenomena—that is to say, those relating to vascular and respiratory paralysis—often show themselves in inverse order with reference to these two agents.

3. With chloroform, however, either the one or the other of these two paralysis may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore the use of chloroform should be rejected and ether only used.—*Jour. of Mat. Med.*

*Gelsemium as an Antidote to Veratrum Viride.*—Gelsemium has been successfully used in a case of poisoning by veratrum viride (*Journal of Materia Medica*, N. Y.). The following is recommended by Dr. Wilson:—Five drops of fluid extract of gelsemium, with a quarter of a grain of powdered nux vomica, administered every fifteen minutes.—*The Doctor*.

[We have never yet been able to ascertain what is a poisonous dose of veratrum viride. We have seen it administered in teaspoonful doses of Norwood's tincture, and we have habitually given from ten to thirty drops of the same tincture every two hours without producing any symptoms more alarming than those witnessed after taking half a grain or so of tartar emetic; and these symptoms invariably cease in an hour or two if the medicine is discontinued. We very strongly suspect, therefore, that the supposed antidotal effects of gelsemium alluded to above, were due to time alone and not to the medicine. There is no single medicine capable of antagonizing veratrum, because the effects of the latter are twofold. First, it is a vascular sedative, and secondly (but not in-

variably), a nauseant : and it is wrong to infer that the first is consequent to the second ; for we are in the constant habit of obtaining the first effect without producing any nausea at all, by simply combining the medicine with morphia or tincture of opium. For the nauseating effect of the drug, therefore, opium or one of its preparations is a perfect antidote ; while for its effects upon the heart, alcohol in some form is probably the only—certainly an all-sufficient—antagonist. Certainly, if the generally received views of the physiological action of veratrum and gelsemium are correct, the latter is directly contra indicated in the so-called veratrum poisoning.—*Ed. Phys. & Surg.*

*Cool Bathing in the Treatment of Inflammatory Bowel Affections During the Summer.*—I beg to offer a method of treatment of bowel affections of children in the summer season, where fever is present. It has been so successful with me, that I am confident, if applied more generally, it would lessen very greatly the rates of mortality in the summer season. I allude to that form of disease which is denominated entero-colitis.

Before we are called to these cases, tentative measures for the relief of the diarrhoea have already been applied by the friends, so that the inflammatory stage is generally fully developed when we first see the patient. The skin is hot (temperature  $102\frac{1}{2}^{\circ}$  to  $105^{\circ}$ ), the pulse rapid (130 to 150), respiration 30 to 50, with frequent purging of semi-fluid, greenish watery, fecal, and half digested matters ; the mouth and tongue are dry ; the thirst intense, but the water taken to slake it is quickly thrown off ; the eyes are staring ; pupils contracted ; insomnia and rolling of the head, with

utterance of distressing cries, due to headache from hyperæmia of cerebral vessels and unappeased thirst. Such is a general statement of the symptoms.

I at once proceed to give the little sufferer a bath in hydrant water, which with us, in summer, is about  $75^{\circ}$ . I have found it necessary to give this my personal attention at first, the mother or friends will not carry out instructions, on account of the cries and resistance of the child ; it seems to them a great cruelty.

The contact of a hot skin with cold water is certainly painful for the moment, hence I immerse the body from legs upward gradually, sponging the skin in advance, so as to obtain tolerance.

When the body and extremities are fully under, holding the head in the palm of my left hand, I pour over its surface cooler water, such as cistern water, which is here about  $65^{\circ}$ . This is kept up for ten or fifteen minutes. Meanwhile the child ceases to cry or struggle, and is evidently greatly comforted ; more especially when cool water is freely given to drink—the greedy swallowing of which shows how much of its distress is due to thirst.

After the bath the patient should be wrapped, unwiped, in a light woollen shawl, and laid upon its bed, with a slight additional covering. The pulse has lost frequency, but is quite feeble the breathing is slower and the skin quite cool, even bluish in hue. The sedation may seem at first too great ; but reaction soon begins, a healthy warmth and perspiration are established, and the child falls into a peaceful sleep. The scene has so changed that one will find no difficulty thenceforth in getting a bath given three or four times in twenty-four hours, if the alarming train of symp-

toms make show of revival; and they will revive to such an extent as to require exhibitions of the bath from time to time for two or three days perhaps; for the diseased state of the mucous membrane within has not been as suddenly relieved as the abnormal heat of the body.

In the meantime internal remedies should be freely employed. Quinine, whisky, beef-tea, milk, and lime-water are the chief agents. One grain of quinine and a drachm of whisky every three hours, for a child eight or sixteen months old, looks rather formidable, but they will be found admirable while the disposition of fever lasts.

Subsequently bismuth and pepsin are of great value to restrain diarrhœa and to assist digestion, so greatly at fault owing to the blow which the mucous membrane has suffered.—O. G. Comegys.—*Medical Record*.

*Bromide of Arsenic in the Treatment of Epilepsy.*—Dr. Th. Clemens, of Frankfort-on-the-Main, has employed bromide of arsenic for twenty years in the treatment of diseases of the nervous system, and especially of epilepsy, and claims that he has obtained astonishing results with it. He uses the liquor arsenic. bromat., and gives one or two drops in a glass of water once, or, if necessary, twice daily. These minute doses may be given for months and even years, without producing the usual unpleasant effects of a long-continued arsenical course. All his cases of epilepsy have been markedly relieved and improved by this remedy, but in only two cases has it produced a complete cure. In many cases of incurable epilepsy, complicated with idiocy and deformities of

the skull, the fits were reduced in number from twenty in the twenty four hours, to four or even two, a result that has been obtained by no other treatment. In connection with the bromide of arsenic, an almost exclusively meat diet is advised. The patients should be as much as possible in the open air in the daytime, and their windows be kept open at night. Unlike bromide of potassium, this remedy does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength. Dr. Clemens has employed the following formulæ since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition and uncertain in its action. This solution becomes stronger with time; the chemical union of the bromide with the arseniate of potash becoming more and more perfect.—R Pulv. Arsenic. alb., Potassa. carb. e. tartar., aa dr. i.; coque cum aqua destil. lb. ss. ad solut. perfect.; adde, aq. evaporat. restituta, aquæ distil. oz. xij., dein adde brom. pur. dr. ij., refrigerat. stet per sufficient. temp. ad decol., S. liq. arsenic. bromat.—*Allg. Med. Central-Zeitung*, May 24th.

*Treatment of Syphilis.*—A writer in the *New Orleans Medical Journal* gives the following:

Five cases are under observation at the present time, some eight months having elapsed since infection in two instances, and fully a year in the other cases. The patients are all situated under favorable hygienic circumstances, and have at no time been unfitted for social life or attendance upon business. A slight roseola upon the abdomen, chest, and arms, preceded by slight



febrile action, a few superficial mucous patches upon the lips and tonsils, make up the sum total of the lesions which have been observed. The treatment has consisted in small doses of the protiodide of mercury, one-third of a grain, thrice daily, with inunctions thrice weekly with the 10 per cent. oleate of mercury, and the most scrupulous preservation of the general health by means of tonics and attention to hygienic measures. This plan of treatment, known as the *eliminative*, has recently been ably presented to the profession in this country by Drs. Van Buren and Keyes, of New York, and seems worthy of the highest favor. From our very limited experience quite an abiding faith has been established in the statement of these gentlemen that a patient of good general health and temperate habits, under favorable hygienic surroundings, and treated from the beginning for a period of two years in this manner with mercury, followed up by a year's use of mercury and iodide of potassium in combination, will have no serious lesion, and will continue to enjoy as good health afterward as before the attack.

*Rabies Successfully Treated by Woorara.* The *Veterinary Journal* for July states that Offenbergl, in his recent inaugural dissertation at the Berlin Hospital, gives the case of a girl, twenty-four years of age, who had been bitten eighty days before by a dog supposed to be rabid. Injections of morphine and the inhalation of chloroform having been used without benefit, seven injections of woorara, amounting in all to three grains, were given in the course of five and a half hours. First the muscles became steadier, then the convulsive seizures less frequent, the dread of water and the

photophobia disappeared and the voice improved. Some symptoms of paralysis now appeared, which reached their maximum the following day. On the second day there was a slight relapse of the symptoms of rabies, which was checked by the injection of a little less than half a grain of the woorara. The patient recovered slowly, a certain degree of weakness and sluggishness, and especially weakness of sight, remaining at the end of two months. There was inflammation, but no suppuration, at the points of injection.—*Medical Press and Circular*, July 12, 1876.

*Treatment of Certain Forms of Acne.—*

Dr. Chantry claims that he has obtained gratifying success in the treatment of rebellious cases of acne of the tuberculous and hypertrophic variety, by the use of iodide of sulphur internally in combination with Hardy's lotion externally. He gives at first one, then two or three of the following pills: R. Sulphur, iodide, gr. ss.; Extr. solani dulcamaræ, gr. ij. M. He employs also the following lotion: R. Aquæ, oz. iijss.; Tr. benzoin, dr. i.; Potass. sulphuret, dr. i. M. A teaspoonful in lukewarm water, to be used morning and evening. (Hardy.) If this lotion causes too much irritation, it must be replaced by lotions of filtered bran-water. In some cases the iodide of sulphur causes gastralgia, and its use must be discontinued; but if this does not occur, a noticeable amelioration of the affection is found in about twelve to twenty days. The hard, purple elevations which surround the tubercles slowly soften and become less swollen, the usual desquamation of the epidermis takes place, and soon nothing remains but a diffuse, pale congestion, which disappears slowly, and is

often succeeded by triangular cicatrices.

In a case of acne rosacea of the face, of nine months' duration, which had resisted several methods of treatment, the iodide of sulphur could not be borne, and iodide of potassium was given instead, in doses rapidly increasing to a dracmh a day. At the same time the diseased parts were rubbed briskly every evening with a sulphur pomade (15 sulphur to 30 lard). In fifteen days the cure was almost complete, and two months later there had been no return of the disease.—*Lyon Medical*, June 18.

*Treatment of Typhoid Fever by Ergot.*—

At the meeting of the *Association Française pour l'avancement des Sciences*, of August 23d, M. Deboue, of Pau, stated that he had treated a number of cases of typhoid fever with ergot, and that his success has been satisfactory. The toleration of ergot increases with the severity of the disease. As a rule, the drug is not so well tolerated by women as by men; consequently it must be given in smaller doses to the former. It may be given without fear to pregnant women. The pulverized ergot of rye preserves all its medical qualities for about eight days; if it lose its physiological properties within that time, it is because it was already altered when pulverized. Of fifteen cases treated by Dr. Duboue, the extreme rapidity of the cure rendered the diagnosis of two uncertain; five cases of moderate gravity that recovered presented during their courses alternations of aggravation and amelioration that corresponded with intentional interruptions of the treatment. Of eight very grave cases, six recovered; three of these cases being already far advanced before the ergot treatment was begun. In the two fatal cases, the ergot

did not produce its ordinary therapeutic effects, and on examination it was found to be worm eaten and covered with a grayish powder.—*Gazette Hebdom. de Med. et de Chir.*, September 1st.

*The Cold Douche and Friction in the Treatment of Consumption.*—Sokolowski has published (*Berliner Klin. Woch.*, No. 39 and 40) a series of articles showing the value of the cold douche with subsequent friction in the treatment of consumption. He makes a summary of the indications for their use as follows:

I. Principally in individuals who have a well-marked tendency to consumption, provided there is a good general condition with a sufficient reaction after the douche.

(a) Individuals born of consumptive parents who are at the age of rapid growth even though there be no appearance of the disease.

(b) Persons who have extreme sensitiveness of the mucous membrane of the respiratory passage, *i. e.*, who easily "take cold."

(c) Those who have catarrh of the apices (spitzen-catarrh).

(d) In case of chronic bronchitis having no definite localization, and which are dependent on hereditary tendency.

(e) Anæmia from hereditary causes.

II. In patients who already have consumption the douche is indicated.

(a) In all cases of inflammatory (acquired) phthisis, provided there is a good constitutional condition.

(b) In constitutional (hereditary) phthisis, in case the destructive processes are limited, and the general condition is good.

In the winter season the douche should be used with great circumspection, and only in patients who are well nourished and strong.

*Death from Chloroform, in which all the Usual Precautions were Taken to Guard Against It.*—A man, aged thirty-three years, was admitted into the Charing Cross Hospital (London), Dec. 20, with a recent and irreducible, although not strangulated, hernia. After the usual efforts at reduction in the warm bath, etc., the administration of chloroform was advised. Dec. 22. There had been no vomiting. From the time of his admission until his death the patient was kept upon liquid diet. *The Brit. Med. Journ.* (December 23, 1876), in giving the details of the mode of death, says: On Friday, he had his half-pint of beef-tee at 1 o'clock, and was ordered to have no more food after that hour, as the chloroform administration was fixed for the evening. The man lay quietly in bed, and did not complain of exhaustion, but asked to have as little chloroform as might be, saying that he was not a strong man. He had been a publican, but there is no evidence as to his habits. Shortly after 8 o'clock, the administration was commenced by one of the assistant resident medical officers, who was quite accustomed to the duty. The patient lay in bed, loosely clad. The heart was examined by the stethoscope, and considered to be normal, and no stimulant was administered. The anæsthetic was given on folded lint, one-half drachm being poured on at a time. At the end of four or five minutes, when the fifth half drachm had been poured out, the taxis not having been commenced, and there having been no marked struggling, the face suddenly became livid; and the administrator, having his finger on the pulse, noticed it to become feeble, at the same time that respiration became slightly stertorous. The chloroform was at once

removed, a pillow was placed under the patient's shoulders, so that the head fell rather backwards, the tongue was drawn forward by forceps, and artificial respiration, by Sylvester's method, was commenced. As soon as possible, two ounces of brandy, with warm water, were injected into the rectum; the chest was also flapped with wet towels, and the extremities rubbed and warmed. The patient, however, gave no sign of rallying, and ceased to breathe in the course of three or four minutes from his seizure. Later on, faradism was applied to the phrenic nerve, and artificial respiration was continued for an hour, but without result. At the post-mortem examination, the lungs and brain were found congested. The heart was large, and its right cavities were full of dark blood. The right ventricle was noted to be thinner than normal, and was overlaid with fat. There was no naked-eye evidence of fatty degeneration, and the microscope was not used. The liver was fatty. An inquest was held, and a verdict returned to the effect "that deceased died from the effects of chloroform, but that it was properly administered."

*Varicocele—Six Cases Treated by One Method.*—We saw seven cases of varicocele, in five of which the disease was confined to the left side, and in the remaining two it was developed upon both sides. Six of those patients were under treatment by means of mechanical pressure afforded by a truss, and this was aided by a suspensory bandage. The odd case, the disease being only slightly developed, was treated by means of the suspensory bandage alone. Support the pendant parts, and at the same time make moderate compression immediately over the external abdominal ring. To

make pressure, an ordinary hernia truss was used, with the addition of a perineal band to secure it perfectly in position. The aim was to make such an amount of pressure as would moderately compress the veins at that point, and maintain it night and day, the truss being removed only for purposes of cleanliness. It was believed by the visiting surgeon that we should not resort to any more violent means of cure in a majority of cases, and that in a large proportion favorable results might be expected.

*Propylamine.*—"Thus far almost the only application made of trimethylamine is in the treatment of *acute rheumatism* and *gout*. In some cases it appears to produce almost complete relief after the administration of a few doses, but generally a longer time is required (Awenarius, Dujardin-Beaumetz, Spencer, Leo). It moderates at once, the fever and the joint-pain, and very decidedly shortens the duration of the disease. It is said to diminish the tendency to cardiac complication.

"This agent, having so decided an influence on the pulse, temperature, and excretion of urea, will in the future, doubtless, be applied to the treatment of other diseases.

"Chemically trimethylamine is incompatible with the mineral acids, the salts of the metals, the alkalies (chlorides), and vegetable infusions. It should always be prescribed alone, in solution, in some aromatic water. Therapeutically, it is antagonized by the stimulants, opium, belladonna, digitalis, etc.

"For therapeutical purposes, the chloride, which is specially commended by Dujardin-Beaumetz, has the advantage of being free from the disagreeable taste of propylamine. It is almost odorless,

and in solution has an alkaline but not unpleasant taste. The ordinary dose is two grains every three hours."

*The Antagonism between Strychnia and Monobromide of Camphor.*—The researches of Dr. Valenti Y. Vivo with these drugs are highly interesting, and his conclusions (*Veterinary Journal*, July, 1875) are worthy of being placed on record. They are:

1. The bromide reduces the force and frequency of the tetanic convulsions produced by strychnia, the tonic convulsions being converted into atonic, and the action of the antidote is rapid and sure. A strong dose of the bromide is required.

2. The bromide acts on the sympathetic, causing myosis and cardiac paralysis.

3. It is preferable to introduce the bromide by gastric ingestion, and in small and repeated doses.

4. That from four to six grammes of the bromide in small doses should be given in cases of poisoning by strychnia.

5. Twelve dogs after receiving a fatal dose of strychnia were saved by monobromide of camphor.—*The Doctor*.

*Inhalation of Iodine.*—Dr. Seguin remarks:—"I beg leave to say, also, that for more than fifteen years, I usually prescribe the inhalation of iodine in forms whose formulary may be found in many drug stores in this city. The most usual of these forms being that of a pillow containing aromatic plants, say seaweeds, black walnut or fern leaves, etc., according to secondary indications. In this pillow is introduced a little bag or satchel containing a drachm or so of iodine, in as much of bran as will prevent the too rapid evaporation of the

drug. When the satchel does no more smell of iodine, it is refilled, and when the pillow begins to smell the pus-like odor peculiar to those cases, the herbs are also renewed. Let us remark *en passant* that the alteration of both is in proportion to the gravity of the affection. The pillow must be soft, and broad enough for the head and chest to remain upon it during the night tossings. The urine has to be tested for albumen during this treatment." — *Medical Record*.

*Gastric Ulcer—Milk Treatment.*—A female patient suffering with this disease was admitted, and at once placed upon such quantities of milk as could be taken without being rejected by the stomach. The amount given at first was only a teaspoonful, which could be repeated about every twenty minutes. The milk was increased in quantity only as it could be tolerated by the stomach, and the patient was then able to take half a glass at a time. In addition a piece of cardboard about the size of a five-cent nickel was dipped in nitric acid, and laid over the region of the tenderness in the epigastrium, and permitted to remain until the cuticle was destroyed, when it was removed and the sore kept open by dressing it with a piece of adhesive plaster. The patient had been in the hospital several times suffering from the vomiting, etc., incident to this affection, and had usually been treated with injections. But her recovery at this visit had been equally prompt and much more agreeable, although her symptoms had been as severe as at any previous admission.—*Medical Record*.

*Citrate of Soda in Diabetes.*—M. Guyot Darmecy recommends "Citrate of Soda" in daily doses of half a drachm to one

drachm, as an excellent remedy in this disease. It has been shown by analysis, that sugar disappears from the urine when this salt is used with the food instead of common salt. It is also known, since the researches of Whöeler, that the alkaline salts of organic acids, when given in doses too small to produce purgative effect, absorbed, and their acid being burnt up in the respiratory process, are eliminated by the urine as carbonates. Hence, "Citrate of Soda" may, without interfering with the gastric acid in the same way as alkaline carbonates, place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food.—*Medical Brief*, July, 1876.

*Forcible Dilatation of the Sphincter Ani in the Treatment of Hemorrhoids.*—Dr. Christofari in his work on this subject comes to the following conclusions:—Contraction of the sphincter ani plays an important role in the production of hemorrhoids. This contraction is much more frequent in hemorrhoidal affections than most writers on the subject think. It produces the constipation and the acute pain which these patients suffer before and after defecation. It exists, too, without pain, and for this should be none the less considered as a cause productive of hemorrhoids. In removing the constriction the physician relieves the painful symptoms which it occasions and at the same time may treat the diseased parts. The best method to employ is that of forcible dilatation. This proceeding, so simple and so harmless, has succeeded in a very great number of cases.—*Gaz. des Hopitaux*.

*A Prophylactic for Sore Nipples.*—Dr. Julius Fehr writes (*New York Medical Record*, August 21st):—The curative, as well as the palliative, treatment of sore or cracked nipples being well known to be futile, my aim for a long time was directed to the finding of a reliable prophylactic. After trying a good many formulas of others, and combinations of my own, I came at last to the use of tannate of lead, the "cataplasma ad decubitus" of the *Pharmacopœia Germanica* with the addition of a little glycerine to modify, in some degree, the excessive drying properties of that preparation. This "plumbum tannicum multiforme" I had applied, for about one month before parturition, two or three times a day, directly to the nipples. This I found "tanned" the nipples in so thorough a manner that they were perfectly able to withstand all suckling, and all pulling on the part of the infant successfully. At the same time, I use a piece of cotton felt, about one inch and a half in diameter, and half an inch in thickness, with an aperture in the middle large enough to give free access to the nipple. This will not only prevent the pressure of the garments on the nipples, but will give, at the same time, to the nipples a chance to develop themselves better, which is often so much needed.—*Brit. Med. Jour.*

*Atropia Poisoning.*—Dr. Leonard.—Assisted by Dr. McDowell I operated for cataract in a man æt. 74 years. After the operation, prescribed a four-grain solution of atropia, to be used by instillation into the eye. Previously, had prescribed  $\frac{1}{2}$  grain doses of morphia, to be taken in conjunction with a cough mixture for bronchitis. During the night the patient took dr. j of the atropia so-

lution in mistake for the morphia mixture. The characteristic toxicological effects developed, as great heat and burning in the throat, swelling of the tongue, numbness of the limbs, loss of consciousness, &c. Administered  $\frac{1}{4}$ -grain doses of morphia; after which the patient began to improve, and by four o'clock the next afternoon the unpleasant symptoms produced by the atropia had entirely disappeared.

*Smoking Belladonna in Asthma.*—Dr. Reeves, in the *Melbourne Medical Record*, states that smoke from the leaves of belladonna possesses much more power in cutting short an attack of asthma than that from stramonium. A long pipe is the best means of smoking them, the patient being instructed to draw the smoke deep into the chest. If when the attack is at its height he has not the power of doing this, the leaves may be placed in a saucer containing lighted charcoal or wood-ashes, which should be placed on a chair in front of the patient, this chair, as well as his own, being covered with a large sheet, so as to confine the fumes, before the leaves are put on the hot charcoal. From two and a half to five grains of the leaves are sufficient when smoked, and from five to twenty grains when burned.

*Emulsion of Phosphorated Oil.*—Prof. Redwood recommends the following method of exhibiting phosphorous in solution: Take one drachm of phosphorated oil, two drachms of yolk of egg, six drachms of syrup of tolu, and sufficient chloroform water to make six ounces and seven drachms. Make an emulsion, and add one drachm of liquor potassæ. The chloroform is introduced simply to preserve the preparation.—*De- troit Rev. Med.*

*A Simple Method of Treating Umbilical Hernia in Infants.*—A piece of white wax is softened, and fashioned with the fingers into a ball, which is then cut in two, so as to form two hemispheres. One of these hemispheres, which must be of a size proportionate to the umbilical ring, is applied to it in such a way that its spherical surface securely fills the opening, and is then retained in position by a strip of plaster. Instead of wax we may use gutta-percha, previously softened in warm water. Both of these substances, about two hours after their application, become sufficiently softened to the skin. If the plaster excites cutaneous erythema, it should be removed every two days, and the skin powdered with rice-powder.—*Le Bordeaux Medical*, September 12th.

*Radical Cure for Piles.*—Dr. A. B. Bowen, of Magnoketa, Iowa, writes: "In a recent number of *The Record*, my attention was directed to the treatment for *nævus* by hypodermic injection. From the similarity of the anatomical structure of the *nævus* to hemorrhoidal tumors, I was induced to try the remedy. In the latter I used carbolic acid and ergot (fluid extract) in equal parts, injecting from ten to fifteen minims of the solution into the spongy, vascular hemorrhoidal tumor. This was repeated about once a week for five or six times, when the tumor had entirely disappeared. I have tried this in several cases, and it acts like a specific."—*Pacific Med. and Surg. Jour.*

*The Medical Uses of Myrrh.*—M. Deliaux de Savignac, considers its action upon the stomach as being well established. He has seen painful dyspepsia rapidly ameliorated under its use. It acts as a general tonic in gastralgia de-

pendent upon several chronic diseases, anæmia and chlorosis especially. Finally, its local calmative and disinfectant action makes it a useful addition to certain topical applications. The following formulæ are recommended, by the author referred to, in the *Dictionnaire encyclopédique des sciences médicales*:

R. Prepared chalk.....500 grammes.  
Powdered borax.....250 "  
Myrrh.....125 "  
Orris root.....125 "

M.

Antigastralgic wine of myrrh, prescribed in the dose of a wine-glassful, three times a day, before or after meals, according to the time at which the pain is experienced, has an excellent stomachic effect; it is prepared as follows:  
R. Best myrrh, powd. 20 grammes dr.v.

Bitter orange peel....15 " dr.iv.  
Malaga wine..... 1 litre f. oz. xxviii.

Macerate ten days and filter.—*Jour. de Med. et de Chir. partiques*, Nov. 1876.—*Clin. Rec.*

*Pilocarpin.*—A substance has been separated from the leaves of jaborandi (*pilocarpus pinnatus*) that seems to possess all their virtues; it has been called *pilocarpin*. It has a semi-fluid existence, has a yellowish color, an agreeable odor, is free from acidity, and is spoken of as an alkaloid. In doses of one-twelfth to one-fourth of a grain, it is equal to an infusion containing the strength of from five to ten grains of the leaves. It has but little effect on the heart's action, or on the temperature of the body, nor does it act as a narcotic on the brain. Jaborandi is in truth a harmless but highly potent medicine, and its efficacy is in its action as a sialagogue and diaphoretic.—*Druggist's Circular*.

*The Sudden Checking of Opium Eating.*

The eminent Sir Robert Christison, after a large experience in the treatment of such cases, says that no good can be done by "gradual reduction," and that it can be safely left off abruptly, even after many years' indulgence. He recommends bromide of potassium to allay irritability, and chloral to procure sleep. For the first three days the patient suffers from great depression, loathing, sickness and vomiting. By the fourth night he falls asleep and awakes refreshed, and in most cases the progress afterwards is very satisfactory. There is, however, great danger of a relapse. Should diarrhoea supervene, suppositories of morphia should be ordered.

*The Use of Conium.*—Dr. A. M.

Hamilton says that in the treatment of diseases where tremor is a symptom, much benefit has followed the use of conium at the female epileptic and paralytic hospital on Blackwell's Island. In two cases of chorea of long standing it produced a prompt amelioration of the patients' condition, and in the tremor sclerosis it suppressed the movements for several weeks. It was given in the form of fluid extract, in doses of min. x three times a day.—*Med. and Surg. Reporter.*

*Chloral in Ulcers.*—Dr. W. M. Wright, Surgeon and Secretary of the National Home for Disabled Volunteer Soldiers (Southern Branch), Hampton, Va., writes us:

"I find nothing so valuable in the treatment of old indolent ulcers, not dependent upon necrosis, as a local application of a solution of hydrate of chloral. Among the old soldiers of our home we have a great variety of such cases, and I find nothing improves their condition better or more rapidly than the above."

*Prevention of After-Pains.*—Dr. Le Diberder (*Ann. de Gynecolog.*) believes that ergot, suitably administered, has the power of preventing after-pains. He gives half a drachm in divided doses directly after the expulsion of the placenta, with the object of bringing about a firm and consistent contraction of the uterus in place of the alternate contractions and relaxations to which he says after-pains are due. The *Dublin Med. Press and Circ.*, in commenting upon this statement, calls attention to the opinion of Sir Charles Locock, that after-pains were due to the retention of coagula, and that manual pressure upon the uterus to promote their expulsion was never followed by after-pains.

*Creasote by Spray.*—Commence with a weak solution of creasote, two minims to the ounce of water, and gradually increase it to twice that strength. A sufficient quantity of spirit should be added to dissolve the creasote. I direct the patient to take one deep inspiration, so as to entice the spray well into the lungs, and again to renew it in the course of a few seconds. After one or two applications it gives rise to no irritation or cough, and it is extremely agreeable to the patient.

*Castor Oil.*—This nauseous drug can be easily taken when administered in the following way: The glass should be first rinsed with moderately hot water, and then two drachms of hot water, one ounce of castor oil and one drachm of peppermint water put in the order mentioned. This is easily swallowed, and leaves hardly any taste of the oil in the mouth.

*Vegetable Diet for Epileptics.*—Dr. Merson concludes that there are fair grounds for the deduction that farinaceous food is more suitable for epileptics than a mixed or nitrogenous diet.



*Valuable Prescriptions.*—Dr. Vanderbeck, in *Med. and Surg. Rep.*, publishes the following formulæ in chemical and hospital practice in New York:

#### EPILEPTIC SEIZURES AT THE MENSTRUAL PERIOD.

The case in question was a young woman who menstruated only once in six weeks, and then the flow was very scanty. The convulsions were pronounced to be due to reflex irritation, from congestion of the ovaries.

R. Aloes,..... gr.j.  
Belladonnæ ext..... gr.½.  
Capsici, ..... gr.½. —  
F. pil.

Sig.—Taken every evening, for a few days before menstrual period. Just at this time, leeches, applied over the ovaries, and warm baths, will be of service. The diet must be of easy digestibility.

Also use the following prescription:

R. Pot. brom., ..... grs. xx.  
Tinct. belladon..... min. ij.  
Syrupi,  
Aquæ, aa q.s. ad. ft. dr ij.

Sig.—One dose. three times a day.

It may be remembered that it was in just such cases as these, of convulsions attending disorders of menstruation, bromide of potash first came into use. It was soon discovered that its antispasmodic virtue extended to all forms of epileptic seizures, whether connected with some obvious irritation, or having no such dependence, being idiopathic in character.

#### SUPRA-ORBITAL NEURALGIA (*Syphilitic*).

R. Pot. iod., ..... gr.x.

One dose, ter die, in solution, after meal. Increase the dose to twenty grains, after a time.

Also—

R. Ung. aconitæ, strength, gr. ss, to adipis oz j.

Sig.—Rub over painful part.

#### UNCOMPLICATED SUPRA-ORBITAL NEURALGIA.

R. Arsenici, ..... gr ʒ  
Ext. Conii, ..... gr j.  
Ext. cannabis ind. .... gr ½.

Sig.—One dose, ter die. *Da Costa.*

#### OBSTINATE NEURALGIA.

R. Sodæ arseniatis,..... gr ʒ  
Cinch. sulph. .... grs ij.  
Conii ext. .... gr j.

Sig.—One dose, ter die. During the paroxysm use hypodermic injection of morphia.

#### CEREBRAL NEURALGIA.

R. Chloral hyd. .... grs x.  
Pot. bromid. .... grs xx.  
Syr. aurant. cort. .... dr ss.  
Aquæ..... dr iss. M.

Sig.—One dose, at bed time.

Also—

R. Tinc. cinch, comp..... oz ij.  
Fl. ext. cinch..... oz j.  
Ammon. brom..... oz ss. M.

Sig.—One teaspoonful, ter die.

#### UTERINE NEURALGIA.

R. Tinc. aconit. rad..... dr jss.  
Ammon. chloridi..... dr ij.  
Ammon. iod. .... dr j.  
Tinct. card. co..... oz j.  
Syr. aurant cort..... oz iv.  
Aq. anisi, q s. ad. ft... oz viij. M.

Sig.—One drachm, every four hours.

Also—

R. Syr. ferri. quiniz et strichniæ phos.  
Sig.—One drachm, half an hour before each meal.

#### OVARIAN NEURALGIA.

R. Ammon. mur..... dr ij.  
Tinct. aconit ..... dr ij.  
Syr. aurant. cort..... oz viij. M.  
Sig.—One drachm, ter die. *Da Costa.*

—Dr. Roth related at the Medical Society of Strasburg, the case of a child three years old who vomited a button two years after it had been swallowed.

## Scientific Items.

The *bisulphide* is regarded as a very superior disinfectant for sick rooms, etc. When ignited, it evolves sulphurous acid vapor. It may be burned in a spirit lamp, or in an open vessel. It is highly inflammable, and should be cautiously handled.

*The Sun* is a molten mass, white hot, 856,000 miles in diameter, equaling the bulk of 1,260,000 worlds like the earth, having a surrounding ocean of gas on fire 50,000 miles deep, tongues of flame darting up 75,000 miles, volcanic forces that hurl luminous matter to the height of 160,000 miles. He travels, also, in an orbit which requires a period of 18,000,000 of years! The spectroscope reveals the existence on the sun of all the metals that are found in the earth

*Meteorological Observations.*—In 1873, the Meteorological Congress at Vienna proposed that at least one observation should be taken, at a given time, at every signal station throughout the world. The Bureau at Washington has accordingly perfected an arrangement by which, at the hour of 7:35 A. M., observations will be taken in the United States, Great Britain, Austria, Algeria, Belgium, Denmark, France, Germany, The Netherlands, Norway, Russia, Portugal, Sweden, Spain, Switzerland, Greece, Turkey, Canada, Hawaiian Islands, Dutch Guiana and Japan, and upon all the naval vessels of the United States.

*Venous Pulse Resulting from Chloroform.*—Prof. Leon Noel, of the University of Louvain, has published an article in a French journal, in which he announces as a symptom of the physiological action of chloroform the fact that

the internal jugular veins, the subclavian, and, in most cases, the external jugular, and sometimes even the facial veins, are the seat of pulsations which are isochronous with the radial pulse. These pulsations are scarcely sensible to the touch, but very perceptible to the eye. The Professor thinks that a venous pulse so marked as this, indicates a profound perturbation of the functions of the heart.

*The Microscope.*—In the animalcule world the law of devourer and prey holds good. In a single drop of water the larger infusoria have been seen to pursue and devour the smaller ones. In the language of Hudibras—

"These fleas have other fleas to bite 'em,  
And these fleas fleas ad infinitum."

*Oenothera Biennis.*—For that form of asthma which at certain seasons manifests itself, particularly at night, and associated with bronchial irritation and gastric disturbance, flatulency, etc., Dr. Davis, in the *American Practitioner*, says that he has found the *Oenothera Biennis*, or evening primrose, to be a valuable remedy. Thinks it has a specific action upon the pneumogastric nerve, and is adapted to the treatment of such cases of respiratory or gastric trouble as involve a morbid sensitiveness either in the laryngeal, pulmonary, or gastric branches of that nerve. He gives the fluid extract in doses of twenty-five drops in half tablespoonful of water before each meal and at bed time.

*Value of a Finger.*—A court in New York has established the value of a human digit, by giving a laborer, who had his finger mashed in moving a barrel of lard, damages against his employer to the amount of \$1,000.

## Practical Hints.

*Eczena*.—In a clinical lecture by Dr. Yandell, in *Louisville Medical News*, he remarks:—Quinia is the remedy for acute eczena in a vast majority of cases. Arsenic and other antiperiodics may substitute it. Iron is always needed.—Calomel in cathartic doses promotes recovery. Local treatment is not without benefit. These children will get the following prescriptions:

Tannin,.....gr. x ;  
Morphia,.....gr. ij ;  
Carbolic Acid,.....gr. ij ;  
Benzolated oxide of zinc  
ointment (any other un-  
irritating ointment might  
do as well),.....1 ounce.

Mix thoroughly and apply to the eruption. No soap must be used, and washing, even with simple water, should be done as seldom as possible.

Calomel.....gr. x ;  
Bicarb. Soda.....gr. l.

Mix and make ten powders. Give one thrice a week at bed-time.

Sulphate of Quinia.....1 drachm.  
Tannin,.....gr. xv ;  
Syrup of tolu,.....ounces iiij.

Mix carefully. Direct to shake well before administering, and give each child four teaspoonsful daily, the last to be taken two hours before the period of severe itching is expected to commence. The first dose is to be given four to six hours preceeding the last. Properly compounded this is a tasteless mixture and therefore excellent for children.—It is readily absorbed, It seldom nauseates. One of these children is two and a half years old; the other is a year younger. Children bear and require larger doses of quinia in proportion than

adults. The antiperiodic treatment will be followed by the ferruginous and bitter tonics. As to diet, the children should have whatever they will eat.—Meat and fruits are especially good for them. Never put on low diet any of your patients with skin diseases, and encourage all to use fats.

*Rheumatism Treated with Salicylate of Soda*.—Professor A. Clarke.—Prof. C. treated eleven cases of acute rheumatism—all that occurred in his ward of Bellevue from April 1 to June 1—with this drug. In nine of the cases there was early improvement following the use of the medicine. In two cases the amelioration was more gradual. The influence of the medicine in “lowering the fever heat and diminishing the excited pulse were as marked as its power to relieve pain.”

The formula used in all the cases is as follows:

R—Acid salicylic.....dr. ii j ;  
Sodæ bicarbonat. ....dr. ij ;  
Glycerine } aa .....oz. ij  
Aq. }

M. Sig. Tablespoonful every two hours for the first day, and afterward the same dose six times a day.

No unpleasant effect of any kind was noticed after the administration of the medicine.—*Med. Record*, Oct. 14, 1876

“Important, if True.”—An Englishman of some note sends to a Liverpool paper the remarkable statement that the worst case of small-pox can be cured in three days, simply by the use of cream of tartar. One ounce of cream of tartar dissolved in a pint of water, drank at intervals, when cold, he says, is a certain remedy; it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious lingering.

## Editorial and Miscellaneous.

☞ All communications relating to the business of THE RECORD, for the year 1877, must be addressed to  
DR. R. C. WORD,  
Business Manager, South. Med. Rec.,  
Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☞ Send money by check, postal order, or registered letter.

☞ Write your name, post-office, county and State plainly.

### VERTEBRATED ANIMALS IN THE HUMAN STOMACH.

Dr. Fisher, of Ohio, reports to the *Nashville Journal of Medicine*, a case of a mouse, swallowed by a lady from a pitcher of water, which remained alive in the stomach a period of four months, when it was ejected by vomiting. The editor, while publishing the case, and uttering nothing disparaging to the doctor's veracity, evidently regards him the dupe of a hysterical trick. We will here mention the facts of a case given to us by Dr. Gordon, of LaFayette, Ga., a respectable physician, who affirmed that the facts were positively true as related. We repeat from memory, and will, therefore, not attempt to give the dates, or describe accurately, the symptoms. The doctor stated that he had been somewhat annoyed by frequent calls to visit a negress suffering with paroxysms of pain and cramps in the stomach, described by the patient as a crawling, moving, sensation, and a sense of oppression and choking. These symptoms had recurred at frequent intervals for two or three years, each successive attack seeming to grow worse, until at length they became almost unsupportable. The doctor, supposing it to be a case of hysteria, prescribed a

mixture of hartshorn and assafoetida, which always gave relief for the time. As the attack continued to return from day to day, the doctor at length prepared a quantity of the medicine and directed her to use it *pro re nata*. For eight or ten days after the directions last given, he heard nothing of his patient, but was again sent for in great haste and informed that bones and putrid matter were being discharged from the bowels—a fact which had greatly alarmed the patient. Upon examining the matter thus discharged, he found a number of bones and portions of the skin of a vertebrated animal. These he carefully preserved, and directed them to preserve any other portions that might appear. At a subsequent visit, more had been discharged, and the skeleton complete was found. The Doctor gave us a rib, a vertebra and a claw with a portion of the skin of the animal which we subjected to a close examination.—The claw was very nearly an half inch in length. The tibia and femur were about  $\frac{3}{4}$  of an inch each, and articulated in a manner indicative of a crawling, or crab like motion. The rib was slightly curved and nearly an inch in length.—Allowing the corresponding rib to be of equal length, the vertebra interposed, and a reasonable space for the cartilaginous, or membranous connection in front, the animal must have been not less than three inches in circumference, or an inch in diameter, and probably five to six inches in length. The skin resembled that of a cat-fish. We make no comment on this case further than to add that there is in that country an amphibi

ous creature called water dog, which has great tenacity of life, and which fully answers the description of the animal described. Touching on the facts as related, we believe them correct, that the Doctor was not deceived by the patient, and that he is a man of truth and integrity.

W,

### INTERNATIONAL REGULATIONS.

It is said that the French government is about to prohibit American and other physicians foreign to their country, from practicing medicine in France. The same prohibition is being entertained in England, where an American physician was indicted for practicing without an English diploma. While it does not seem proper to permit, indiscriminately, as we do in the United States, every foreign pretender to practice the profession who may choose to do so, yet it would seem illiberal and unjust, if not inconsistent with international law, to ignore and disregard the rights which our diplomas confer upon us at home.

Our January number was gotten out under difficulties growing out of the unusual demand for press-work in the city, and the inability of the publishers to give the time and attention requisite to the proper execution of the work. The present issue will be found an improvement on the first, and the journal may be expected soon to attain to that neat and substantial form designed by the editors. The matter of the journal was highly practical and interesting, as evinced by testimonials already received. The present issue will also be found highly practical, and the editors will, in the future, labor still more assiduously

to furnish our readers with more than a *quid pro quo* for the price of subscription.

CLIMATE OF UPPER GEORGIA.—A gentleman in St. Joe, Cal., writes us to learn something of the climate and health of this section of country. We refer him and others desiring such information, to Dr. Little, the State Geologist, Atlanta, Ga., and to the editor of *The South*, New York, who has devoted a copy of his paper to a description, etc., of each of the Southern States. We will add that, excepting about three and a half months, dating from about the middle of November, during which the weather is variable, with occasional rains followed by cold snaps, rarely falling below 30° F., our climate is mild, bracing and healthful. The water, particularly in Middle and North-east Georgia, is superb.

OUR CO-LABORERS.—A number of able and intelligent medical men have engaged to write for our journal the present year. Their names were unintentionally omitted from the proper place, and will appear in our next. Our subscribers will please remember that, though they are not all on our published list of co-laborers, yet we regard them as such, and shall be pleased to have them send us up useful and practical matter for publication at any time.

STATE BOARD OF HEALTH.—We learn that the Transactions of the Georgia State Board of Health are in press. We regret that we had not opportunity of examining them before the issue of our present number. Fears are entertained that the Board will be abolished by the present Legislature, as very persistent and formidable opposition has been waged against it, since its organization.

WE have received an interesting pamphlet from Prof. A. W. Calhoun, of this city, detailing many operations for cataract. Also copy of remarks before the Medical Journal Association, New York, on *Masturbation and Hysteria* in young children, by Prof. A. Jacobi.

EXCHANGING ADVERTISEMENTS.—Several of our cotemporaries have proposed an exchange of advertisements. We would gladly accept the proposition from our editorial brethren of other journals, but our arrangements at present will not admit of it. After a time, we hope to be able to extend as well as avail ourselves of these courtesies.

#### LITERARY NOTICES.

*Lippincott's Magazine*.—The January and February numbers of this beautiful magazine is on our table. They are filled with handsome illustrations of foreign and home scenes taken from nature. The literature is attractive—coming from the pens of the best of American and English authors. The "Marquis of Lossie," by Rev. Geo. McDonald, is a serial story of great power, and is worth the price of subscription—\$4.00.

*Appleton's Journal*.—This delightful home journal—once a weekly, now a monthly—is one of the very best of our literary magazines. The illustrations are handsome and the stories and other reading, are first class. It will be a family friend and a genial monthly visi-

tor in the home circle, and one cheaply secured at the low price of \$4.00.

*The Scientific American*, and the *Scientific American Supplement*, are journals our readers should take. They are truly scientific—covering a wide field in science, literature and art. Munn & Co., New York.

VICK's garden and floral seeds are the finest and best we have ever used. We have used his seeds for several years and they are pure—just what they are recommended to be. Get Vick's seed. Address James Vick. Rochester, New York. G.

*Definitions*.—The word *prescription* is from the Latin *præ*, before; *scribo*, I write; and is applied to the written directions of a physician for the preparation and use of remedies. A prescription may or may not refer to drugs—the physician may prescribe bathing, exercise, blood-letting, etc. It is, therefore, more comprehensive than the word *formula*, from the Latin *forma*, a form, which is only applied to the form or directions given for the preparation and use of pharmaceutical remedies or drugs.

The symbol *R.* is an abbreviation of the Latin *recipe*, take thou, and is usually placed at the beginning of every formula. The Latin *M* attached to formulæ is an abbreviation of *misce*, mix thou, and the letter *S* an abbreviation for *signatura*, the signature, or the directions to be written upon the label as a guide to the patient in the use of the medicine.



# THE SOUTHERN MEDICAL RECORD.

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No. 3.

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## Original and Selected Articles.

### A RECENT TREATMENT FOR IRREDUCIBLE RETROFLEX- ION OF THE UTERUS.

BY A. H. GOELET, M. D.

By Irreducible Retroflexion is meant a retroflexed Uterus, either congenital or accidental, which has been bound down in this abnormal position by false membranous bands, the result of subsequent pelvic inflammation. Most authors on gynecology, say that we can only resort to palliative means in these cases. Dr. Thomas in his excellent work on diseases of Women, advises that the uterus be left in its abnormal position unless the symptoms are such as to render reposition urgently necessary, in which case he thinks it should be forcibly replaced. But this latter procedure subjects the patient to the dangers of peritonitis. Prof. Carl Schröder, who writes the volume on diseases of the Female Sexual Organs for Ziemssen's *Cyclopedia of Medicine*, says in treat-

ing of this subject: "If the conditions of the displacement are such as to preclude any attempt at replacement, we are restricted to merely palliative treatment, which in most cases avails to render the patient tolerably comfortable." All other writers whose works I have consulted hold the same opinion.

Dr. Emmet makes a step in advance and treats these cases by introducing the Uterine Repositor or the sound twice or three times a week, and gently forces the uterus upward and forward, thus stretching these membranous bands a little more every time. This, in the end, results in a cure, but has the disadvantage of being long and tedious to both physician and patient, and particularly objectionable because it necessitates *too much treatment*. There will be found few patients who will follow this out to the end.

Now what I have found equally successful, and less objectionable, is this: Without attempting replacement of the organ, introduce an ordinary Hodge's

closed lever pessary, which has been perfectly fitted to the particular case, so that the patient may wear it with perfect ease and comfort. This will produce a constant stretching of these false attachments by steady pressure on the fundus upward, and will, if worn sufficiently long, accomplish the same purpose that Dr. Emmet does with the repositor; thus avoiding the objection of a too frequent use of that instrument, of which the patient will soon weary.

To verify the success of this procedure, I will quote one case from my private practice: Miss Anna D. aged 19 years, unmarried, dressmaker, consulted me in December, 1875. She dated all her ailments about two years back, when she had a severe attack of illness, and her physician told her she had "inflammation of the womb." Since this she had always suffered from dysmenorrhœa, leucorrhœa, intense backache, headache, and constipation; and when her bowels were moved she experienced most excruciating pain. Upon examination I found the uterus retroflexed and its reduction impossible. Dr. Geo. T. Harrison of this city saw her in consultation, and agreed with me that it was an irreducible flexion. I did not attempt further replacement, but fitted and introduced a Hodge's closed lever pessary, which she wore without any inconvenience. I gave a laxative pill to regulate the bowels, and I saw her once or twice a month for about three months. After this she passed from under my observation and did not return again 'till October 9th, 1876, when I removed the pessary; and on introducing the sound the uterus was found in its normal position. All her disagreeable symptoms had disappeared.

## TRACHEOTOMY FOR THE REMOVAL OF A FOREIGN BODY.

BY R. INGE, M. D.

In September last, Horace Whitsell, a mulatto child, 2½ years of age, while eating a watermelon, was suddenly seized with a violent paroxysm of coughing attended with considerable dyspnoea. These violent symptoms passed off in a few minutes; but still there remained some difficulty in respiration, which at times became very alarming. On examining the patient a distinct thud could be heard about the throat when any effort at coughing was made, the cough being croupy. During the respiratory movements there was only a wheezing sound produced, as if the air was passing through a very small orifice. Being satisfied a foreign body was present, I advised an operation, but the parents being unwilling to have it done it was deferred until the 6th of October when the symptoms of asphyxia became so alarming that death seemed inevitable. I then requested my friend Dr. E. Young, to perform tracheotomy. The incision was made just below the isthmus of the thyroid gland. Three rings of the trachea being divided, a violent paroxysm of coughing ensued, but no foreign body was expelled. Owing to hemorrhage from the wound, all efforts at removing the body was stopped, and a tracheotomy tube inserted. Immediately the respiration became quiet and easy, and the little fellow commenced playing about the house as if nothing was the matter, presenting quite a contrast to his previous condition. This satisfied us that the foreign body was above the opening in the trachea, probably in the larynx.

In ten days the tube was removed,



and an effort made at removing the seed. The coughing was most violent, but nothing was accomplished. We then closed the wound with a soft towel, but found that no air would pass through the larynx. A feather was then passed into the wound up into the larynx, when a very faint croupy cough resulted. Owing to hemorrhage around the wound the tube had to be replaced. In three days it was again removed when immediately a violent cough expelled the seed through the wound,

After which, closing the wound with a towel, a little air would pass through the larynx, but not enough to sustain life. The tube was replaced, for two days, when upon removal it was found that respiration could be performed by the natural channel. The wound in the neck healed in a week perfectly.

This is an interesting case from two points: first, the position of the seed, and the means we employed for dislodging. Secondly, the time that elapsed from the operation to the final expulsion of the seed.

### AMMONIA IN BRONCHIAL AND LUNG TROUBLES.

Dr. A. H. Patton, thus writes to the *Virginia Medical Monthly*:

*Dear Doctor*:—\* \* \* The article in your January number, 1877, by Dr. Wharton (*How to cure a Bad Cold*), although short, is valuable, as it teaches a fact in regard to carbonate of ammonia in antagonizing hyperinosis that ought to be known and appreciated by all physicians.

I claim some originality in the use of ammonia and other alkalies in the treatment of pneumonia, acute bronchitis, and common catarrhal affections. I have been employing alkalies of vari-

ous kinds in catarrhal affections since 1846, and carbonate of ammonia as the leading remedial agent in pneumonia since 1862—the use of the medicines in these cases being forced upon me by the exigencies of war. While the First Mississippi Regiment was encamped on Brazos Island, in 1846, though the weather was hot enough, the men suffered from “bad colds,” and there being no medical stores in reach, I improvised a cough syrup that acted like a charm. New Orleans molasses and bicarbonate of soda apparently constituted a rather unscientific formula which gained me favorable notice at headquarters, and lead to my elevation from the position of a private to the charge of a hospital at Matamoras. Since then I have seldom failed to employ the alkaline treatment in the acute stage of colds.

The ammonia treatment of pneumonitis was forced upon me when I was Brigade Surgeon of Maxey's Brigade, while encamped at Port Hudson during the late war. Thirteen cases of pneumonia were presented for treatment, and the only medicine at my command that was likely to prove beneficial, was carbonate of ammonia. I was astonished to find that the improvement in all the cases was very marked and decided from large doses of the ammonia—from five to ten grains every two hours, in a quarter of a glass of water. In 1870 I published an article in the *American Journal of Medical Sciences*, on Carbonate of Ammonia in Pneumonitis, in which I advocated its use in the doses mentioned from the first day of treatment until the cure was complete. I supposed this to have been the introduction of a plan of treatment that has since become very general and highly successful.

Of course I am well aware that the ammonia has long been used in the advanced stages of the disease, mainly for its supposed stimulant power. Dr. Flint advocated its use to prevent embolism, but I was the first to advise it in the early stages as a means of overcoming the controlling element of danger in the disease—hyperinosis. I regret that there are still large numbers of physicians who fail to properly esteem the extraordinary powers of this medicine in pneumonia. With the exception of blisters, which I employ in the first stage, I use little else in that formidable disease but carbonate of ammonia. Opiates and quinine are sometimes indicated and given; but calomel, tartar emetic, squills, or any other depressing medicine, are never given in any case of pneumonia that comes under my care.

Truly yours,

A. PATTON, M. D.

*Vincennes, Ind.*

### CASES BEARING ON SOME DOUBTFUL POINTS IN THE HISTORY OF SYPHILIS.

By Dr. OSGOOD MASON, M. D., NEW YORK.

The *Record* of October 21st ult., under the head of "Progress of Medical Science," gives the result of certain observations by M. Diday concerning the syphilitic infection of the mother through the foetus.

It is well known that amongst specialists and teachers in this branch of medical science the possibility of such infection has, to say the least, been looked upon with doubt and disfavor. M. Diday's investigations in this direction, however, have led him to the conclusion that "the child begotten by a syphilitic father, without actual lesions,

may infect the mother at any period of its intra-uterine life," either as ovule, embryo, or foetus. At the time the item above referred to came to my notice, I had under observation the following case:

Mrs. A., æt. thirty years, and three years married, was at the time of her marriage an unusually strong, robust, and healthy looking woman. Soon after marriage she became pregnant, and miscarried at four and a half months, with a foetus at about three months' development, on which occasion I first attended her. After some months she again became pregnant, and was delivered at term. I did not see her during this pregnancy nor at the confinement. I know, however, that she had a most miserable recovery, which was impeded by most distressing and obstinate mammary abscesses, and followed by general ill-health. I was called to see the child when it was six months old; it was then moribund, and died the following morning of exhaustion, partly from diarrhœa, but especially from a number of large blebs or superficial abscesses situated mostly about the head, and containing an abundance of thin, sanious pus.

I saw no more of the family for several months, until in September last I was called to attend Mrs. A. for dysentery already of a week's duration. It yielded somewhat to rest and opium treatment; it would not, however, remain under control, but gradually changed its character to a thin, dark diarrhœal discharge, always worse at night, which continued, notwithstanding my best endeavors, for full five weeks, during which time I also ascertained that she was two months or more pregnant.

At this time (October 17th) Mr. A., the husband, was taken ill with symptoms

of meningitis. He had a pulse of 64, partial paralysis of the right side, and stupor, from which he was aroused with considerable difficulty, when he would just recognize those about him, answer some simple question, and immediately fall off again to sleep.

Mr. A. had been my patient for many years, and his previous history has a peculiar bearing upon his own case as well as that of his wife. Twelve years ago he contracted syphilis, was thoroughly treated and apparently cured. Two years later the disease again made its appearance in the form of nocturnal headaches and gummy tumors about the elbows. He was then treated with large doses of iodide of potash, and made a prompt recovery, though treatment was continued for some months.

He was at that time a married man, and was the father of healthy children. After recovery from this attack, his wife again became pregnant, and was delivered of a healthy child, which is still alive and apparently free from syphilitic taint.

Soon after this the wife died of tubercular disease, and a second marriage was contracted, the results of which have already been given. They sum up as follows:

1st. A miscarriage, attended with symptoms of a suspicious character.

2d. A syphilitic child, followed by unusually severe and obstinate mammary abscesses and failing health.

2d. A pregnancy which in the second month is accompanied by syphilitic symptoms on the part of the mother, at the same time that symptoms reappear in a dangerous form in the father.

The illness of Mr. A. at once cleared

up the whole case, and the diarrhoea, which had resisted five weeks of thorough ordinary treatment, with the advantage of rest and care, yielded in six days to two grains of blue mass, given four times a day, while going about and attending upon her husband.

Mr. A. also rapidly recovered under the use of large doses of iodide of potash and mercurial inunctions. By large doses of pot. iod. is meant a drachm every four hours, or, perhaps still better, half that quantity every two hours, until decided iodism, as indicated by the breath, is produced, and the same repeated at proper intervals afterwards.

I am also kindly permitted by my friend Dr. Loomis, of this city, to refer to the following case, which came under his observation, and which, if possible, is still more definite and cogent in its bearing.

Eighteen years ago a young man, then recently treated by the Doctor for syphilis, both primary and secondary, came again for advice concerning marriage, and was advised to delay. Soon after, however, he took counsel of his inclinations and married a young and perfectly healthy wife. In the course of the next five years two healthy children were born, both of whom are still alive and apparently free from any syphilitic taint. The next pregnancy terminated in a miscarriage, with a syphilitic foetus. At this time the husband had a return of secondary symptoms, and soon after the wife was attacked with syphilitic rheumatism and sore throat. These yielded to appropriate treatment and pregnancy again occurred, but terminated also in a miscarriage, and was soon after followed by periostitis and suppurative nodes. Treatment again caused a disappearance of the

symptoms and return to health, and for several years no returning symptoms manifested themselves. Two years ago, however, she was again attacked, this time the disease assuming the form of pachymeningitis, with most alarming symptoms,—paralysis, stupor, and even decided coma, continuing several days, and followed by delirium and dementia. This case also yielded to the large doses of iodide of potash, and resulted in a slow and only fair recovery.

An important, and, in fact, the main question in both these cases is, how did the mothers contract syphilis—by primary infection, or through pregnancy? And in answer I would submit the following considerations:

1st. Both the fathers were treated by the physicians respectively reporting the cases, and were known to have had syphilis in both its primary and secondary forms, thus rendering a second primary infection, to say the least, very improbable, if not impossible. Besides, each father was under the care of these physicians from the time of the first infection until the time when syphilis was developed in the mother, and no second infection occurred.

2d. The character and social position of both mothers, well known to their respective physicians, are sufficient guarantee that infection did not take place from persons other than their own husbands; and, besides, no such primary lesion is known or suspected by their medical attendants to have existed.

3d. Syphilitic symptoms did not occur until after pregnancy, but were developed during pregnancy or very soon after; leaving, as it seems to me, no fair conclusion but that the infection was a direct result of pregnancy.

It is worthy of remark in both these cases, that decided syphilitic symptoms first showed themselves in the mother at or about the same time that symptoms of returning disease manifested themselves in the father.

As a last important and curious consideration, I would call attention to the fact that healthy children, still living under observation, and still free from any manifestation of syphilitic disease, were begotten by both these fathers after they had developed and been treated for secondary syphilis; and then, subsequently, without any new infection, they have begotten children through whom, and during whose intra-uterine life syphilis was communicated to the mothers.—*Medical Record.*

#### GELSEMINUM SEMPERVIRENS.

The depressing influence of the *gelseminum sempervirens* upon the circulation has been known for many years, and Southern practitioners have employed it in the treatment of fever for over a quarter of a century. The joint experimental observations of Ringer and Murrell (*Lancet*, 1876,) recently made, whilst confirmatory of those made by Bartholow and Ott, have added further information concerning the effects of this valuable and interesting remedy. To test its action on man, it was given in doses to occasion its toxic effects. The tincture (one part of root to four of rectified spirits) was given in drachm doses, hourly for three hours without endangering the life of the subject. The symptoms generally occur in a certain order. The drug produces *pain* in the eyes and brow, followed by giddiness, (which, standing or walking, measurably increases) and soon after by dimness of

sight; diplopia, with contracted pupils; dropping of the eye-lids, with restricted movements of the eye-balls. The last complaint (beyond which the remedy was not pushed) is weakness of the legs.

When fully under its influence, the patient is pale, with a sleepy look—heavy eyes and a disposition to yawn frequently. There is a sense of dryness of the mouth, though the tongue looks and feels to the finger moist. The experimental investigations of Ringer and Murrell, also those by Dr. J. Burden Sanderson (*Lancet*, April 1, 1876), clearly show that gelseminum exerts its remarkable control over the respiration by its direct influence upon the automatic respiratory center.

The effects occasioned by the local application of gelseminum, and the internal administration, were, singular to say, of an opposite character. In doses sufficiently large to occasion its characteristic symptoms, *contraction* of the pupil ensued (Ringer and Murrell). The local use of the alkaloid *dilates* the pupil.

The physiological antagonism between gelseminum and strychnia is clearly demonstrated by the experiments upon frogs by Ringer and Murrell. The strychnia convulsions were suppressed in from twenty-five minutes to an hour and a half, by the use of the gelseminum; whereas, without a resort to it the convulsions lasted two or three days. The experiments serve as sign-boards to the therapeutical usefulness to be anticipated from the employment of the remedy in all conditions indicative of an exaltation of the spinal functions. Indeed, several cases of tetanus have been recorded as fully relieved by this remedy.

The writer has repeatedly verified in his experiences the published statements

of Drs. Legg, Spencer Thompson, Sawyer (*Brit. Med. Jour*, May, 1874,) as to the efficacy of gelseminum in facial neuralgia, especially in that phase of the affection involving the teeth and alveolar processes of the jaw. The writer, for some years past, has employed this remedy in acute inflammatory disorders of the respiratory tract. And his clinical experience attests the therapeutical value of this remedy as a reliable and somewhat speedy repressive of the febrile commotion consequent upon the local disturbances. In the treatment of obstinate cases of intermittent fever, the writer is satisfied, from observation of the superior efficacy of a combination of quinine and gelseminum.

During the last two years the writer has had frequent occasion to test the influence of this remedy in cases of rigid os uteri and sphincter perinei. The plan adopted was the administration of fifteen drops of the fluid extract of gelseminum, at an interval of a quarter of an hour, until some decided results ensued. It affords him pleasure to be able to affirm the potency of this agent in overcoming the sphincteric barriers to delivery, especially as we owe the suggestion to a distinguished Honorary Fellow of this Society, Dr. R. S. Payne, of Lynchburg (*Virginia Med. Monthly*, December, 1874). The following interesting and unique case is briefly submitted in further illustration of the therapeutic uses of gelseminum. The writer was called in consultation by Dr. William H. Byerly, of Rockingham county. The following history was elicited: In the *three* previous confinements, from the irregular contractions—partially affecting the muscular fibres—without uniform hardening of the uter-

ine globe; from the exhaustive continuance, for two or three days, of the inefficient contraction, marked by frequent pulse, coated tongue and mental wanderings, the Doctor had been forced to relieve his patient by a resort to instruments. When called upon, the labor had commenced; the os uteri was partially dilated, *and not at all rigid*, but the contractions evidently involved different planes of the uterine muscular tissue—first in one part, then in another. From his former experience, the Doctor anticipated trouble and delay. The writer suggested the use of gelsemium, believing that the irregular uterine contractions were due to a want of tone in the sympathetic nervous system. Whether true or not, the result seemingly sustained the theory. Eight drops of the fluid extract were administered at an interval of two hours. After the second dose the uterine contraction became more general, and improvement gradually followed until after the eighth dose, when the patient was delivered, by the unaided forces of nature, of a large, healthy child.—*Trans. Med. Society of Virginia in Virginia Medical Monthly.*

#### DELAYED LABOR, AND DEATH OF PATIENT.

In the *Detroit Medical Review* Dr. Stoddart reports a case of delayed labor. He was called in consultation to see Mrs. W.

She had become pregnant about a year previously and had expected to be confined about twelve weeks previous to my call. At the expected time labor pains came on feebly. She sent for the family physician. He judged from the character of the pains that she would

not yet be confined, so after waiting some little time he administered an opiate. This had the effect to soon quiet all pain. Her physician left her, giving orders that he was to be called if labor came on again. He did not hear anything more from his case for a long time, when he was again called. He found the pains even more inefficient than before. After waiting some time, and finding that the pains were again dying away, the medical attendant gave ergot in increasing doses. This had no effect whatever, except it might be to quiet all labor pains. Till now the motion of the foetus was quite vigorous, but soon the motions became more and more feeble, till they were felt no more. About a week or ten days after the ergot was administered she was taken with a chill. This was probably caused by the death of the child, and the reflex influence of it upon her; at least, from that time no more motion was felt. Nothing had heretofore been done, except the administration of the ergot, to induce labor. The physician believing, as was now doubtless the case, that the foetus was dead, thought labor would now surely come on, and waited patiently from day to day, and even from week to week, for its event. But it did not come on. Counsel was called in, but for some unknown reason no surgical interference was recommended to help the patient to cast off her now dead and decaying child. In some partial explanation of this failure to relieve her, it was said that the patient was excessively tender, and that even to make a digital examination gave her the most excruciating pain. At one time the physician introduced a little way into the uterus a flexible catheter, and succeeded in bringing away a small quantity of fluid. But

this was all that was done for her. No doubt this was a grave and fatal mistake. From day to day the waters dribbled away, then a sort of purulent and offensive discharge came on, and yet no help was offered the patient to enable her to cast off her burden. Days and weeks thus passed away, and counsel was again called from a distance; but it was decided that the time for successful surgical interference was past; that adhesion had taken place between the walls of the abdomen and the uterus, and that supuration had already occurred, and that pus would soon find its way to the surface. A few days more proved the prognosis to be only too true, for two or three abscesses rapidly formed on the abdomen. These, when opened, discharged large quantities of pus, which was soon followed by a sanious and most disgusting fluid. This was kept up from week to week till her death. Other abscesses and fistulous openings made their appearance, and at the time I saw her there were six or seven of them.

Of course I could advise nothing. I probed one or two of the older openings, and thought that I felt bone at the bottom of one. On the first day of July she died, a little over thirteen months from the time she became pregnant. I was called upon to aid in the *post mortem* examination. The attending physician maintained that it was a case of extra-uterine pregnation. After cutting through the partially ulcerated walls of the abdomen, the uterus was found adherent on the whole of its anterior side to the abdominal parietes. The uterus was filled with the partially decayed remains of a full-grown foetus. The ovaries and fallopian tubes were normal and undisturbed. The os uteri was slightly

occluded by adhesive inflammation, and not dilated in the least. Very slight force of the finger broke up the adhesion of the os, so this could have been no bar to natural labor. The patient died solely from exhaustion and septic poisoning, derived from the decaying foetus. This was a case, probably, of paralysis of the muscular structure of the uterus, whether functional or otherwise could not be determined. The examination clearly taught that surgical measures should have been employed at least after the death of the child in utero. A life, and perhaps two, were sacrificed to the inertia of the physician. The os uteri ought to have been promptly dilated, and the foetus removed at all hazards. If it could have been done before the death of the child, perhaps it would have excited the functionally paralyzed uterus to labor, and thus both lives have been spared.—*Canada Lancet*.

#### CHRONIC DYSENTERY TOPI- CALLY TREATED.

A Report of a Case read before the Du bois Co. Medical Society, Nov. 17th, 1876, by T. WERTZ, Jasper, Ind.

I saw Mrs. R—, for the first time, Feb. 28, 1876, and found her suffering with chronic dysentery of six months standing. She was at that time in a very critical condition, very frail, and reduced in flesh to a mere skeleton. She had a great aversion for food, and usually vomited whatever eaten, a short time after swallowing it. The pulse 120 per minute, weak and very compressible; the skin, shrunk, and bathed in a cold, clammy sweat. There were from fifteen to twenty actions from the bowels, in the twenty-four hours, con-

sisting of mucus, blood and pus. A tormenting tenesmus, with scalding of the urine, made life a perpetual torment, and deprived the patient almost wholly of sleep.

The patient had been treated by a number of physicians, and I was satisfied all had been done by internal medication that offered any hope of a cure. I at once proposed the topical plan of treatment, and the patient being very tired and nervous refused to submit to it. She then had for awhile bismuth and morphine without any benefit. There being a desire for something sour, Hope's mixture was ordered, which seemed to benefit her for a time, but she soon relapsed to her old condition and as a last resort, consented with much fear and trepidation to submit to local treatment.

March the 21st—assisted by Dr. Crook the patient was put under the influence of chloroform, placed in the left lateral position, and the sphincter ani was fully dilated by stretching. The rectum was then thoroughly cleansed by means of a cotton swab and water. (Dr. Themin, of New York, uses a glass tube bent upon itself, and attached to a Davidson's Syringe for the purpose). A duck-bill speculum, previously well oiled, was slipped into the rectum and held by an assistant in the position usual for vaginal inspection, and with a depressor on the anterior wall of the rectum, a good view was obtained for some distance up, a further view being obstructed by the pressure of the gravid uterus, the patient being advanced to the fifth month of pregnancy. The mucous membrane of the lower bowel was inflamed, much thickened, and studded with numerous ulcers, of various sizes, and bleeding when touched. The

rectum being well cleaned out, a solution of nitrate of silver, two drachms to the ounce of water, was thoroughly applied to the parts. She soon rallied from the effects of the chloroform, and complained of pain in the part cauterized, which was readily relieved by an opiate, after which the patient had a sound sleep for ten consecutive hours. This was the first good sound sleep the patient had had for several months.

Sleeplessness, I believe, is always a prominent symptom in chronic dysentery. The frequent evacuations, and spasms of the sphincter muscles and lower bowel, produce a reflex excitability of the nervous system incompatible with repose.

It required about four days for the paralyzed sphincter to regain sufficient tonicity to retain the liquid contents of the bowel. After this the evacuations were reduced in frequency and contained less blood.

Six days from the time of the first application, assisted by Dr. Crooke, the patient was carried to the operation table, placed under the influence of chloroform, and the nitrate of silver applied as before, except, that it was carried higher up the bowel into the sigmoid flexure. This portion of the bowel is usually the seat of numerous ulcers, and care should be taken to carry the caustic well up into the sigmoid flexure of the colon. After the second application the improvement in the patient's condition was rapid and steady. The actions from the bowels were reduced to four or five per day, and assumed more the characteristics of healthy discharges.

A milk diet was ordered from the first, but from the long use of a slop diet, the patient had become disgusted with it, and on her own responsibility,



took a full range of a solid dietary, such as fish, ham, fresh beef, etc., all of which she now began to relish. As the stomach retained and digested the above mentioned food, no restrictions were laid on her choice of it. She rapidly gained in flesh and strength, and in a few weeks was able to leave her bed and walk about the house, a privilege she had not been able to enjoy for a long time. The only additional treatment the patient received during this time, was an opiate and bismuth powder for the first three days, which was discontinued at her request.

July 27, Mrs. R—, was delivered after a short labor. The child though tolerably well developed, showed many evidences of the feeble nourishment it had sustained during the greater portion of intra-uterine gestation. For two months previous to delivery Mrs. R— had fully regained her health and passed through her confinement very rapidly.

This case testifies very strongly in favor of the topical method in treating those cases. In view of the extreme emaciation and pregnant condition of this patient, it affords very gratifying evidence of the power of therapeutical agents in aiding the system in casting off disease.—*Cin. Lancet & Observer.*

#### ACASE OF DIABETES MELLITUS TREATED WITH CHLORAL HYDRATE: RELIEVED.

BY E. CROSS, M. D.

Last fall, Mr. N., a Hebrew merchant of this place, aged thirty-two, called on me stating that for the past twelve months he had been suffering from what his physician called diabetes, and that it had been pronounced incurable. The patient stated that he was drinking

from six to ten pints of water every day and perhaps twice as much at night, and that he was forced to arise so often at night to void his urine and procure drink as to deprive himself and roommate of necessary sleep.

The patient was of constipated habit, with a worn and anxious expression, mucous membrane of mouth dry, tongue red. A specimen of the urine was obtained and submitted to my partner, Dr. E. T. Easley, for analysis, who found its specific gravity to be as high as 1050, and yielding ten per cent. sugar. Upon enquiry I ascertained that his treatment had been such as is usually prescribed, diet, flannel, phosphoric acid, opium, etc., all of which had failed to give relief. At this time his emaciation was so rapid, and his thirst and nervousness from want of sleep so great that he was almost forced to give up business.

Proposing to begin treatment by obtaining a good night's rest for my patient, I directed twenty grains chloral every half hour until sleep could be induced. The first night he took four doses, and reported rest and more sleep than he had had for six months, adding that he had only passed water every hour instead of every half hour as he had previously done. I ordered the treatment continued through the day, the same dose every three hours, and at night as before. In a few days marked improvement was evident. The chloral was continued for four weeks, with the addition of 25 drops muriated tincture of iron three times daily, when he reported himself as cured; said he slept well, that he did not get up oftener than twice at night, no thirst, urine nearly normal and he was gaining in flesh. About this time he called at my office

to inquire about taking a trip across the plains, and was advised to go. He returned after four months a well man, and to-day, twelve months from the time treatment began, is in as perfect health as ever.

I wish to call the attention of the profession to this case and ask them, at least, to give the remedy a trial. It can do no harm, and may do good, at any rate, I should like others to make further experiments with it. If the trouble be dependent upon nervous disturbance, without organic lesion, why may not this agent be useful? I would be pleased if the profession should give chloral a trial, for unquestionably its action was highly satisfactory in the only case in which I have used it.—*Clin. Record.*

### BRONCHITIS.

Dr. Russ, in the *Lancet & Observer* says: The medicinal treatment of acute bronchial inflammation should be commenced with wine of ipecacuanha, given with the view to unload the bronchi of the excessive secretion and to allay the irritability of the vagus nerve—but should only be given in the first stage. After the subsidence of the acute stage I have witnessed the best results from the following:

R.—Quinia sulphas,.....dr. iiij.

Acid phos. dil.,.....oz. ss.

Syr. Tolu,.....oz. ss.

M. Aquæ distil.,.....oz. iiij.

Sig.—A dessert spoonful every four hours.

The dose should be increased or diminished according to age of the patient. For the very object which is to be obtained is to produce sedation over the turgid and relaxed capillaries of the mucous tissue of the bronchi; at the same time increasing the tonicify of the part.

When this disease assumes a still more grave form with its sequelæ, solidification, and ultimately softening of the lobules of the lung tissue with great enervation of the system. The following should be given:

R.—Spts. vini gallici,.....oz. vj.

Glycerin,.....oz. ij.

M. Tinct. Hyoscyami,.....dr. iiij.

Sig.—Teaspoonful every four or five hours.

The dose to be regulated according to age of the patient.

These medicinal agents soothe the harrassing cough, aids digestion, assists assimilation, and *prevents undue tissue change.*

There is perhaps no other disease in which counter-irritation has a better effect than that of bronchial inflammation when applied so as to produce a continuous fullness of the cutaneous capillaries of the chest.

Baths or sponging with chloride of soda, with friction to the whole cutaneous surface judiciously regulated so as to keep up healthy action in the emunctories, and cause thereby elimination of the morbid products of the system, is highly indicated.

When the cough becomes so harrassing as to deprive the patient of rest—for it should be remembered that sleep has a great tendency to recuperate the enervated system; a hypodermic injection of sulph. morphia and sulph. atropia should be given at bed time. Laxatives only should be given to overcome constipation, and then the *Pul. Glycyrrhiza Comp.* of the *Prussian Pharmacopæia*; be given in doses of a teaspoonful in a wine glassful of cold water until an alvine discharge is procured. If diarrhoea exists tannate of bismuth is indicated. These measures with the indications, timely met, and the hygienic laws strictly observed and enforced throughout the whole progress of the disease, will generally be sufficient for the management of bronchial inflammation and its concomitant sequelæ.

## Abstracts and Gleanings.

*Stimulants in Typhoid Fever.*—There are a few simple rules which may guide you in the administration of stimulants in this fever:

First.—They should never be administered indiscriminately—that is, never give a patient stimulants simply because he has typhoid fever.

Second.—When there is reasonable doubt as to the propriety of giving or withholding stimulants, it is safer to withhold them, at least until the signs which indicate their use become more marked.

Third.—In every case, but especially when stimulants are not clearly indicated, watch carefully the effect of the first few doses. There are few whose experience in the treatment of typhoid fever is such as to enable them to positively determine, from the appearance of the patient, when the administration of stimulants should be commenced.

Should you commence the administration of stimulants, it is necessary to see your patient every two hours, and note carefully the effect produced. If you find the tongue becoming dry, the patient more restless, the delirium more active, the temperature ranging higher, and the pulse more and more rapid, you may be certain that stimulants are contraindicated. If, on the other hand, the pulse becomes fuller and more regular, if the first sound of the heart is more distinctly heard, or, if it has been absent, it has returned, if the restlessness and delirium is less marked, the tongue more moist, and the patient more intelligent, you may be certain that the time for the administration of stimulants has arrived. When you have commenced their use, it is of the greatest importance

that you administer them at stated intervals, especially during the night.

In a severe case of typhoid fever, a free administration of stimulants, just at a critical period (which may not last more than twenty-four hours), will often be followed by a refreshing sleep, and your patient may rapidly pass from an apparently hopeless condition to one of convalescence.

The *third* important thing to be accomplished in the management of typhoid fever patients is the maintenance of nutrition. You must bear in mind that the primary and principal effects of the typhoid poison are manifested in the changes which take place in the lymphatics of the gastro-intestinal tract. Experience has taught us that the enfeeblement of the digestive and assimilative powers, due to these glandular changes, which are manifest from the very commencement of the fever, renders the digestion of solid food impossible, and for a long time it has been the rule of the profession to allow typhoid fever patients only liquid food.

There has been and still is great diversity of opinion in regard to the special articles of diet best suited to this class of patients. Most medical writers and practitioners claim that beef-tea is the proper diet for fever patients; consequently it is the rule to pour into these enfeebled stomachs a decoction of beef in such quantities as a healthy stomach could hardly tolerate, and which in itself has little or no nutritive element.

There is no disease in which a waste of all the tissues of the body goes on so rapidly as in typhoid fever; and milk is an article of diet which furnishes the elements of nutrition necessary to repair this rapid waste, and there are not the objections to its use which there are

against animal broths and gruels. Although there have been, and still are, in some quarters, strong objections against its use as an article of diet in fevers, recently it has been regarded with more favor, and those who have had most extended opportunities for testing its nutritive qualities have come to regard it as the only article of diet required by fever patients. In it we not only find all the elements required for repairing the rapidly wasting tissues, but they are in a condition to be most readily assimilated by the enfeebled digestive apparatus.

In order to make the milk more digestible, it may be diluted with lime-water. The lime-water is an antiseptic, and allays irritability of the stomach and intestines. The quantity of milk is not limited; the patient may take all his stomach will digest—usually patients will take from four to six quarts in the twenty-four hours.

After the patient has passed into the fourth week of the disease, you may find it necessary to administer cream and the yolk of eggs in connection with the milk.—*Medical Record.*

*Dilatation of the Uterus.*—Dr. Atthill, before the British Medical Association, says;

I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others:

1. Never to dilate the cervix uteri for the cure of dysmenorrhea or sterility depending on a narrow cervical canal or conical cervix.

2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge or sea-tangle tents, which expand slowly and gradually.

4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purpose I had in view, to postpone all operative interference for some weeks rather than risk the result by prolonging the dilating process.

With respect to the first of these rules, I look upon the treatment of what is termed "mechanical dysmenorrhea" by dilatation as altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, have, to my knowledge, followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid, of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that, too, in patients in the worst

possible condition for resisting the attack.—*Med. Reporter.*

*Treatment of "Chronic Diarrhea" by Koumiss.*—In some cases the opium preparations, in others the mineral acids and vegetable astringents, or aqua calcis, etc., were sufficient to cure an attack or even the disease itself; but in other cases I battled in vain, although I have employed nearly all the good weapons of the Pharmacopœia; but it struck me particularly that these latter cases were especially those in which the appetite, digestion, and in some even the nutrition, were more or less impaired. In all of the cases I evidently lost ground with every return of the diarrhea. Being therefore compelled to look around for other preparations to combat these latter complications, I am happy to say I found in the old koumiss—of either sort of tull, medium, and whey-koumiss, according to the plumpness of the individual—the required remedy, which in a few weeks cured the chronic diarrhœa, increasing at the same time the appetite and improving the nutrition. These latter properties of the koumiss are particularly advantageous in all complications with chest-diseases, in cases of excessive expectoration, in heart and kidney-diseases, and wherever anæmia, general weakness, and impaired digestion and nutrition prevail. Children with lymphatic constitutions, swollen abdominal glands, and relaxed mucous membranes, with scrofula and a general bad health, benefit very greatly by a koumiss treatment in a few weeks. In stout people I usually curtail the diet to very small but frequent meals of fish, eggs, meat in any form of cooking, and I allow them to drink as much old whey-koumiss as they may like; but the arti-

cles generally to be avoided during the treatment of chronic diarrhea, especially at the beginning, are milk, beer, sugar, vegetables and fruits; most of the condiments, as onions, garlic, mustard, pepper, vinegar; certain fats and oils, particularly oily fishes and birds. These restrictions are absolutely necessary, and are to be relaxed only when the digestion improves and the normal tone of the bowels returns, which shows itself in a normal frequency of the stools, and the normal shape, color, etc., of the fæces. In two or three months, and sometimes sooner, I find patients have nearly entirely been freed of these restrictions without fear of a recurrence of their chronic complaints.—*Jagielski in the British Medical Journal.*

*The Iodides in Lead-Poisoning.*—At a meeting of the Academy of Medicine of Paris, Dr. Faure communicated a note on the efficaciousness of the iodides in lead-poisoning. These observations had been made by the writer in a white-lead factory, his own property. He made the experiment on himself after a very prolonged period of poisoning, and a partial cure by the usual remedies; he obtained excellent results by a treatment of iodide of potassium, administered in doses of two centigrammes. After that time, and notwithstanding an excessive sensitiveness to saturnine emanations, he had always successfully overcome frequently repeated poisoning. M. Faure was of opinion that a workman sufficiently intelligent to determine the quantities he ought to take, would always obtain the most satisfactory results by a treatment consisting of doses from five to ten centigrammes of iodide of iron or potassium, without being obliged to interrupt his work.—*New Remedies.*

*Impotence.*—Dr. A. J. Jessup, New York, replies to Hallerus, to employ general hygienic treatment. Five-grain doses of bromide of iron formed into a pill with extract of gentian, four times a day. Then, should there be considerable irritability, give twenty grains of bromide of potassium, in solution, at bedtime, each night. Enjoin abstinence from conjugal contact for a number of weeks.

ANOTHER.—Dr. C. B., of Miss., replies: I would suggest the following treatment: I will preface it by saying that I have found the phosphide of zinc the most suitable and reliable form of administering that important element, phosphorus. I have recently (and successfully) used, in two such cases as described by your enquirer, the following:—

R. Zinci phosphidi,..... gr. ix  
 Extracti nucis vomicæ, gr. xxss.  
 Extracti conii,.....drachm iss  
 Ferri redacti,.....drachm iij  
 Vel. ferri phosphatis,...drachm vj.M.  
 Ft. pill No. 90.

Sig.—Take one pill three times a day.

At the same time, as adjuvants to this medication, apply galvanism to the lumbar region, and electricity to the prostatic portion of the urethra, by means of a urethral electrode, the negative pole being over the sacral plexus; also cold baths to the spine twice a day, and monobromide of camphor at night, in sufficient doses to control sexual excitement, taken half an hour before retiring.—*Medical and Surgical Reporter.*

*Chronic Eczema.*—J. S., aged 42, a baker and confectioner, very temperate man, always had good health, with the exception of an occasional attack of cracked fingers. He now suffered from severe eczema of all

the phalanges of the left hand, which had been on him for several months. He was ordered to take three minims of liquor arsenicalis in half a wineglassful of water after each meal, to bathe the hands frequently in bran-water, and rub the fingers well with carbolized oil night and morning. He was completely cured in three weeks.

Mrs. W., aged 36, at present under treatment, is the mother of several children, of temperate habits, rather inclined to corpulency, but otherwise enjoys good health. She has had eczema of all the phalanges of both hands for more than two months. The fingers are very red and swollen, with numerous fissures, which are extremely painful, and discharge watery fluid. She was ordered to bathe the hands frequently with bran-water, and then cover them with lint constantly moistened with lotio plumbi. The inflammation quickly subsided, and the usual carbolized oil was substituted for a lotion. She is taking internally a saline aperient mixture, and is rapidly getting well.—*British Medical Journal*, Sept. 2, 1876.

*Hot Water in Croup.*—Dr. Dawasky, sanitary commissioner in Celle, refers to a remedy which has long proved efficacious in croup, but which seems of late to have fallen into unmerited oblivion. He has used the remedy since 1835, with the best results. The procedure seems to consist in allowing the hands and arms of the child to hang as deep as possible in a vessel of water. Hot water should be added frequently, and the application continued till the skin is swollen and reddened. After uncovering the arms and neck of the child as far as the breast, it is to be placed in the nurse's lap, in such a way that the arms hang deep into the hot water. A

cloth is then placed over the child's head and the hot-water vessel, so that it can inspire the warm vapor. When the arms have become intensely reddened and swollen the child breathes more freely and becomes sleepy. It is then dried carefully and put to bed. Profuse perspiration and disappearance of the unpleasant symptoms promptly follow if the remedy has been applied at an early stage of the disease. It is no longer of use when the membranous formations have occurred. — *Mémorialien*.—*N. Y. Med. Jour.*

*On the Treatment of Ranula.* — The Paris correspondent of the *Brit. Med. Jour.*, in his last letter, draws attention to the treatment of ranula, and alludes to the success attending injection of chloride of zinc, as practiced by M. Panas. I might observe, without entering into the morbid conditions leading to obstruction of a sub-lingual gland or duct, that, practically, the surgeon's intention is to make a permanent opening in the sac, one which will allow the saliva continuous and natural exit into the mouth. It occurred to me, some years ago, that the use of a metallic seton, acting, to some extent, as a drainage-tube, would attain this object; and as two cases (both children) came under my notice, I tried the following operation. An ordinary suture-needle, carrying medium sized silver wire, having been passed directly through the sac-like tumor from one side to the other, the ends of the wire were brought forward, twisted together, and cut off, leaving a small ring of metal half within and half externally. The wire was allowed to remain three weeks, then cut and withdrawn. It caused no irritation or impediment, and a patent orifice

remained after removal. Both cases were permanently cured.

*Protagon.*—Dr. Polk, in an article on this new agent (*New Remedies*), says: "Miss A. M. P., of Delaware, has been a patient of mine for four years. This lady, forty-three years of age, had been in ill-health nearly twelve years; has had cough, diarrhoea, night-sweats, and four months ago was emaciated to a mere skeleton. Heretofore she refused to take the hypophosphite of oleine, on the plea that it sickened her stomach and increased the diarrhoea; but finding herself nearly approaching the grave, she agreed to try it once more. I prescribed the following:

Protagon (from the brain of  
the cow)..... dr.vj.  
Alcohol.....oz.j.  
Oil of Eucalyptus .....oz.ij.  
Cod-liver oil (Norwegian).....oz.ijj.  
M. Take a desertspoonful twice daily.

The purpose of the oil of eucalyptus was to cover the taste of the cod-liver oil, which it does effectually, but the cost is a barrier to its general employment; otherwise cod-liver oil could be rendered a very agreeable medicine. Under the above treatment the diarrhoea and night-sweats disappeared, her appetite returned, digestion became excellent, and to-day she is visiting my house, declaring herself entirely well. She is fleshy and the very picture of health.

*Tic Doleureux of the Face Cured by Bromide of Potassinm.*—Dr. Petes narrates a typical case of this formidable malady cured by the bromide of potassium. The pain occupied the supra-orbital branch, the superior and inferior maxillary divisions of the fifth nerve, and had the characteristic severity of that form of *tic* entitled by Trousseau *epileptiform neu-*

*ralgia*. Entertaining the view that these cases are really a mode of expression of the *status epilepticus*, Dr. Peter came to the conclusion to administer bromide of potassium in large doses—6 grammes, about 95 grains a day—for several weeks. This treatment was crowned with success. She slept well the first night, and three or four days after the use of the bromide had begun, the pains had completely disappeared. The remedy was continued for three months, as follows:

1st month .....	6 grammes,	about 95 gr.
2d     "     .....	4     "     "	64   "
3d     "     .....	2     "     "	32   "

—*Bull. Gen. de Therap.* 30th October, 1867.—*Clinic*.

[We have found the bromide, combined with tincture gelseminum, to be a good remedy in these cases. ED. REC.]

*To Check Colliquative Sweating*.—The exhaustive sweats in surgical diseases and phthisis are entirely controlled, according to Dr. Thomas J. Dunott, of Harrisburg, Penn., by small hypodermic injections of atropia, and sponging with hot vinegar. In a case in point, given in the *Virginia Medical Monthly*, he writes of a case of osseous injury: "He sweats profusely and constantly; to have ice pills and hypodermic injections of one-hundredth of a grain of atropiæ sulph; also to be sponged with hot vinegar. This controlled the sweating, which was so profuse as to keep the bed-clothing saturated whenever the atropia and sponging were omitted. It is my belief that a very small dose of atropia, when combined with the hot vinegar application, will be most effective in controlling this exhausting discharge from the skin. Neither used alone would be successful; but my ex-

perience with atropia is limited to doses no larger than the one mentioned—one-hundredth of a grain."—*Med. and Surg. Rep.*

*Raw Onion as a Diuretic*.—Dr. G. W. Balfour, in the *Edinburgh Med. Jour.*, records three cases in which much benefit was afforded patients by the eating of raw onions in large quantities. They acted as a diuretic in each instance. Case first was a woman who had suffered from a large white kidney and constriction of the mitral valve. Her abdomen and legs had been tapped several times, but after using onions as above she had been free from dropsy for two years, although still suffering from albuminaria. Case second suffered from cardiac disease, cirrhotic liver, and acites. Case third had ascites depending on tumor of the liver. In both of them the remedy had been used with good results. Both had been previously tapped, purgatives and diuretics alike having failed to give relief. All other treatment having failed to give relief, recourse was had to the onions. Under their use the amount passed steadily rose from ten to fifteen ounces to seventy-eight or a hundred.

*The Relief of Prickly Heat*.—Persons subject to this annoying affection will be glad to learn that Surgeon Major Dr. J. G. French, of the Indian medical service, in a contribution to the *Indian Medical Gazette*, says that we can cure prickly heat in three or four days by the application of a solution of sulphate of copper. This should be of the strength of about ten grains to the ounce of water, and the solution should be applied daily, or oftener, by means of a camel-hair brush or bit of sponge tied on the end of a stick. It is best applied



after the morning bath, when the skin has been well rubbed with the towel, and it must be allowed to dry on the skin before dressing. Dr. French states that he has used this application for over thirteen years, and when regularly and properly applied, he has never known it to fail.

*New Anæsthetic Agent.*—Rabuteau, in a memoir read before the *Académie des Sciences*, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty; and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely, or almost completely, by the respiratory passages, in whatever way it may have been introduced into the system.—*Med. and Surg. Rep.*

*Antihydropin.*—Dr. Bogamolow some time ago discovered in cockroaches (*Blatta orientalis*, Orthoptera) a crystalline substance, which he named antihydropin, from the favorable effects obtained by him with it in the treatment of dropsy. Roaches are highly esteemed as a popular diuretic by the common people in Russia; this fact induced Dr. B. to employ them in various forms, such as decoction, tincture, and powder, and in the form of the supposed alkaloid. Under its use the amount of urine increases, albumen and casts diminish in quantity; oedema of hands,

feet, and face subsides, the weight of the body increases, and the pores of the skin begin to act more freely. The remedy is said not to interfere with digestion, nor to irritate the kidneys.—*Petersb. Med. Woch. in Ph. Z. f. Russl.*

*A Combination of Tæniacides.*—Take of pomegranate bark, oz.ss; pumpkin seeds, oz.i; ethereal oil of male fern, dr.i; ergot (freshly bruised), dr.ss; powdered gum acacia, dr.ij; croton oil, mij. Upon the pomegranate, pumpkin seeds and ergot, pour eight ounces of water. Bring to the boil, stirring constantly whilst boiling for fifteen minutes; adding water to keep up to eight ounces. Make a smooth emulsion with a small quantity of water, of the croton oil, oil of fern, and gum acacia. Strain the decoction through a coarse cloth, and express strongly, and mix with the emulsion.

The patient should have a full dose of aperient (Rochelle salts, oz.i) on going to bed; and the following morning the above dose about eight o'clock, before any food.—*Brit. Med. Jour.*

*Hay Fever.*—Dr. Brinton in Philadelphia Medical Society (*Med. Rep.*) says of hay fever, that "As it may come on at any time during the summer, the term hay fever is a misnomer; in susceptible individuals dust will cause the disorder at any season of the year. It is a neurosis connected with constitutional idiosyncrasy, dependent upon a cause whose effects are invariable and not susceptible of cure, the only means of relief being the removal of patients from the neighborhood of the irritant. He has never seen a case cured, and Dr. George N. Beard, the author of an excellent monograph on this subject, has expressed the same opinion."

*Ergot in Typhoid Fever.*—Dr. Duboue, of Pau, France, has recently related his experience in the treatment of typhoid fever by ergot. What next will this universal specific be credited with curing? He gave it to eight men and seven women. There were two deaths—the others recovered, though some were admitted into the hospital in the last stage of the affection. Now we should like to know if the ergot contributed any impulse towards a cure? If it did, then on what physiological principle? Typhoid fever is classed as a zymotic disease—the blood is contaminated with a special virus, and ulceration of the bowels is its constant and almost pathognomonic symptom. How would ergot meet such a case?

*An Emmenagogue Pill*, the formula for which is given in the *Union Medicale*, may be made as follows:

R. Aloes ..... gr. xv.  
 Rue,  
 Saffron,  
 Savin ..... aa gr. vijss.

M. Divide into 10 pills, one of which is to be taken morning and evening, commencing two or three days before the supposed menstrual epoch. It is desirable to employ, in connection with the pills, warm hip-baths, dry cups to lumbar regions, leeches to the upper and inner portion of the thighs, and walking exercise; also give in the menstrual intervals, iron and quinia.

*Jaborandi as a Galactagogue.*—This new medicine has been proven to be a powerful sialagogue and diaphoretic, and now a writer in the *British Medical Gazette* announces that he has found it to possess great energy in promoting secretion from the mammary glands, and bringing on a copious supply of

milk after other approved means have failed. The dose used was five grains of the powder three times a day, infused in warm water. The medicine is considered, even if it can do no good, to do no harm to either the infant or its mother.

*Subcutaneous Injections of Cold Water in Acute Rheumatism.*—Dr. Dieulafoy has, for several years past, been in the habit in acute articular rheumatism, of injecting some ten drops of cold water around different parts of the affected joint as a means of relieving the pain. The results are most remarkable. The pains abate and the patient is enabled to move the joint, and in some cases the rheumatism is even cured by this simple means. The same means may be employed also in muscular rheumatism, ischias, etc.—*Med. Times and Gazeette*, January 27, 1877.

*Carbolic Spray in Bronchial Catarrh.*—Dr. Moritz communicated to the St. Petersburg Medical Society the results of his trials of carbolic acid spray in various forms of bronchial catarrh, relating several examples of its utility. Since he had much to do with this spray he found that bronchial catarrh, to which he was formerly much subject, either ceased to appear or was soon cut short. In as small a room as possible he causes half a pound of a 2 per cent. solution of the acid to be sprayed per diem, the night being the time especially to be preferred.—*St. Petersburg Woch.*, November 11.

*Functus Acutus in Ascites.*—The list of diuretics employed in this complication is not small; but it would appear that a French surgeon, residing in Algeria, has been very successful with *Functus acutus L.* About twenty stems

should be subjected to decoction, both the white and green parts being used. It may be mentioned that M. Cazin has found similar properties in an indigenous plant (the *Butomus umbellatus* L.). One ounce of the root is to be boiled in a quart of water.—*New Remedies*.

*Laxative Antibilious Pills.*—

K. Extr. Colocynth Co.....grs.lxxvii.  
Scammony.....grs.xix.  
Extr. rhei.....grs.xi.  
Saponis alb... ..grs.ivss.  
Essent. canell.....gtta.iv.

M.—ft. mass and divid. in pilul,  
No. 24.

Sig.—One or two pills to be taken morning and evening—to provoke bilious stools and augment the appetite—in gastric embarrassment.—*Progr. Med.*

*Potion* against the symptom of oppression in the nervous or inflammatory affections of the respiratory tract:

R. Infusion of Polygala...oz.iii.  
Nitrate of potass.dr.i.gr.xv.  
Syr. belladonna.....oz.i.  
Tinct. lobelia.....gtt.xxx.

M.

Sig. A tablespoonful every hour, and when the oppression ceases a tablespoonful every two hours. This potion may be employed in affections of the right side of the heart, for the purpose of lessening the oppression.—*Progress Medicale*.

*Fetid Feet.*—M. Ortega advises to apply compresses soaked with a solution of chloral, which has the effect of destroying the smell and curing the ulcerations of the sole.

*Chromic Acid for Warts.*—Three or four applications of this acid will cause the disappearance of warts, however hard, large or dense these may be.—*L'Union Medicale*.

*Treatment of Acute Articular Rheumatism by Cyanide of Zinc.*—This remedy, suggested some time since by Luten, of Rheims, has lately been employed with success by Deschamps, who recommends the following formula:

R. Zinci Cyanidi .....gr. ʒ  
Pulv. acaciæ,  
Sacch. lactis.....aa q. s.

M. Ft. in pil. j.

To be taken to the number of ten in twenty-four hours.—*New Remedies*.

*Formula for Diphtheria.*—

R. Sulphocarb. sodii.....dr.ij.  
Quiniæ sulph.....dr.j.  
Acid sulph. aromat.....dr.j.  
Syr. aurantii cort...ad. oz.iv.

M.

A teaspoonful to be given every three hours. Child five years old.

The throat to be showered, by means of a syringe, once an hour with a mixture of chlor. potass. mur. tinct. ferri and water.

*The Cold Douche in the Treatment of Buboes.*—In a recent discussion in the Medical Society of Dresden, Dr. Kuntzelmann stated that it was his custom to employ the cold douche early in the treatment of ordinary buboes, and he had in numerous instances succeeded in preventing suppuration.—*Schmidt's Jahrbucher*, No. 10, 1866.

*Colored Spectacles.*—Dr. Magnus condemns the use of blue glasses as a protection for the eyes; and prefers the gray and smokey glasses used in England. He considers blue glasses specially irritating to the eye, and says that many birds, reptiles, and amphibians have yellow or reddish oil drops in the eye to neutralize this blue color and protect the eyes.

*Antidotes of Arsenic.*—(a.) Hydrated sesquioxide of iron recently prepared (gelatinous and brown) is an antidote for arsenious acid, but not for the arsenate of potash, nor for the arsenate of soda. (b.) At a longer interval than an hour it is useless to attempt recovery from poisoning by arsenic. (c.) For arsenite of potash, and arsenite of soda the author proposes perchloride of iron in conjunction with magnesia. (d.) The mode of administration is the official solution of perchloride of iron, and a half an hour after magnesia in the proportion of a drachm to  $2\frac{1}{2}$  ozs. of perchloride. (e.) This perchloride of iron and magnesia are also an antidote for arsenious acid. Therefore, it is preferable to employ it always in cases of poisoning by arsenic or its compounds. (f.) An hour after the administration of an antidote, it will always be well to employ a purgative, in order to expel the ferrated arsenite which is formed, and as this arsenite is soluble in acids, to avoid acid drinks and lemonades.—*Canadian Jour.*, Sept. '76.

*Salicylate of Soda in Rheumatism.*—The formula used is as follows:

R. Acid salicylic.....dr. iij.  
Sodæ bicarbonate.....dr. ij.  
Glycerine,  
Aq.....aa oz. ij.

M. Sig. Tablespoonful every two hours for the first day, and afterward the same dose six times a day.

*Nitric Acid for Hoarseness.*—Dr. W. Handsell Griffiths says that a few drops of nitric acid in a glass of sweetened water, a couple of times daily, will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by him—so he says—was for this prescription.

*Hot Packing in Rheumatism.*—We have recently tested the method of hot packing in a case of acute articular rheumatism, with very great relief to the patient's sufferings. Blankets rung out of hot water were applied to the affected parts, with bottles of hot water to keep them from cooling off, and thus avoid the too frequent removal of the cloths. This, with the following internal remedy was mainly relied upon, the case recovering in about ten days:

R. Muriate of ammonia.....oz. ss.  
Water.....oz. xii.

Dose, one tablespoonful, alternating at four hours with salcin, grains x. Every other night a dose of com. liquorice powder was given as a purgative.

W.

*Safrol.*—Crystalline oil of sassafras was first examined by St. Evre in 1844, under the name of sassafras-camphor. According to him the crystals melt between  $5^{\circ}$  and  $17^{\circ}$  C., and congeal again at  $7.5^{\circ}$  C. Grimaux and Rouette, who examined the oil in 1869, do not mention this crystalline portion, although found a substance having the same boiling point and elementary composition as sassafras-camphor, but not becoming solid even at  $20^{\circ}$ . They named this substance safrol.

*Chloral Plaster.*—Dr. Solari, of Marseilles, says the *Medical Examiner* recommends the chloral plaster as an excellent application in cases of neuralgia, and of pains resulting from exposure to cold. The plaster is easily prepared by powdering the chloral over a common pitch plaster, one or two scruples of the chloral for every four square inches of plaster, care being taken not to incorporate the chloral with the pitch.

## PRESCRIPTIONS AND FORMULÆ

*Strumous Ophthalmia.*—

R. Hydrargyri oxidi flavi....gr.vi,  
 Unguenti simplicis.....dr.j.

A piece of the size of a hempseed to be inserted between the eyelids every night.

R. Hydrargyri perchloridi....gr.ij.  
 Ammoni chloridi.....gr.ij.  
 Aquæ.....ad.oz.ij. S.

One teaspoonful to be mixed with half a small teacupful of lukewarm water, and used as a lotion for the eyes every four hours. In bathing the eyes care should be taken that the lotion is applied inside, and the eyelids dried thoroughly after each application of the lotion. The eyes must be kept covered by means of a light bandage. When the inflammation subsides the bandage should be removed, but the lotion to be continued for three or four weeks to assist in removing the opacities. Cod-liver oil and syrup of the iodide of iron are to be given for a lengthened period.  
 —*Brit. Med. Jour.*

*Improved Cathartic Pills:*—

Compound ext. colocynth...24 grs.  
 Ext. jalap.....12 “  
 Resin of podophyllum..... 6 “  
 Ext. leptandra..... 12 “  
 Extract of hyosciamus.....12 “

Oil of pepperment..... 6 drops.  
 To be divided into twenty-four pills.  
 Dose the same as the ordinary antibilious pills. They do not gripe.—  
*Druggists' Circular.*

*For Asthmatic Paroxysm.*—

R. Ether.....fl.oz.iss.  
 Tinct. lobelia.....fl.oz.j.  
 Tinct. opii.....fl.oz.ss.  
 Tinct. stramon.....fl.oz.ss.

M. Dose, a teaspoonful every one or two hours, until nausea is produced.

*LaFayette Mixture.*—

Balsam of copaiba..... 1 fluid ounce.  
 Solution of potassa..... 2 “ drachms.  
 Sweet spirit of nitre... 1 “ ounce  
 Syrup of gum..... 6 “ ounces.  
 Oil of wintergreen.....16 drops.

Some add four drachms of powdered extract of liquorice, or four fluid drachms of the fluid extract. The mixture is best made by first shaking in the bottle the balsam with the potassa and the sweet spirit of nitre, and then adding the other ingredients. The dose is a tablespoonful three times a day after meals.—*Druggists' Circular.*

*Emulsion of Phosphorus.*—

R. Phosphori.....gr.j.  
 Chloroform pur.....fl.dr.ij.

M. Dissolve by shaking together in a bottle. Add

Ol gaultheriæ.....fl.dr.ss.  
 Spts. vini gallici..... fl.dr.ij.  
 Syr. acaciæ.....fl.oz.vij.

M. Ft. emulsio. Each teaspoonful contains one-sixtieth of a grain of phosphorus.

*Alterative and Tonic for Chronic Pharyngitis*—

R. Potass. iodid.....oz.ss.  
 Tinct. rhei.....fl.oz.ij.  
 Syr. sarsaparillæ comp.fl.oz.iv.

M. S. Dose, a teaspoonful in water after each meal.—*Louisville Medical News.*

*For Asthma in Intervals.*—

R. Potass. iodid.....dr.iss.  
 Spts. ammon. arom....fl.oz.j.  
 Tinct. belladon.....fl.oz.ss.  
 Tinct. cinch. comp....fl.oz.ij.  
 Aquæ menth. pip.....fl.oz.ivss.

M. S. Dose, a tablespoonful after each meal.

## PRACTICAL HINTS.

The following formula is valuable in chronic affections of the skin—also a fine alterative in subacute or chronic rheumatism:

R. Iodide potassium.....dr. ij.  
 Fluid ext. stillingia ... ..oz. j.  
 Fluid ext. polk root.....oz. ij.  
 Syrup .....oz. j.

M.

Dose, teaspoonful three times a day.

## ANTIBILIOUS PURGATIVE POWDER.

The following preparation will be found very convenient and efficacious as an antibilious purgative to carry in your pocket-case, and not being disagreeable to the taste will be borne even by delicate stomachs. As it is very certain in its purgative action, there is little if any risk of salivation:

R. Calomel.....gr. x.  
 Podophylin ..... gr. v.  
 Loaf sugar .....gr. xxx.  
 Bi carb. soda.....gr. xij.

Triturate and div. in powders No. xx.

One powder will usually operate, producing bilious discharges. By practice the physician using this powder may learn to dose it correctly, on the point of his pocket-knife.

## INCREASE OF NERVOUS DISEASES.

Dr. Althans, in *Med. Times and Gaz.*, London, in answer to the question, "Do the conditions of modern life favor the development of nervous diseases, states in an elaborate statistical paper that such is not the case. We cannot answer for England, but feel well assured that, in this country, nervous affections, particularly paralyses and neuralgias, are far more frequent than they were twenty-five or thirty years ago. A fact which we think is in a large degree attributable to the use of tobacco, coffee, tea, and opium.

## BEST TIME TO DRESS FRACTURES.

Prof. Yandell, in a lecture to his class, answers the question as to the best time to dress a fracture, thus: "*The earliest possible moment after the bone is broken.*" This is common sense, and the idea that people, and often inexperienced doctors, have of removing the patient from the place of accident to his home, or other point, before dressing the fracture, is fraught with great risk and injury to fractured limbs. Dress it on the very spot, even if you have to go miles in search of material to do it with.

## SACCHARATED CALOMEL.

Calomel, when triturated thoroughly with loaf sugar, is greatly increased in power and efficiency by reason of the minute division of its molecules.

R. Calomel.....gr. x.  
 Loaf sugar. . . . .gr. xl. M.  
 Div. in powders No. xx.

One of these powders given every two to four hours will be found very efficacious in hepatic disorders.

## STRYCHNIA.

An excellent formula for administering:

R. Strychnia.....gr. j.  
 Acid acetic,  
 Tinc. cardamom com. aa dr. ss.  
 Spts. vin. rect .....oz. iss.  
 Syr. simp.....oz. iv. M.  
 Dose, teaspoonful three times per day.

## ERUPTIVE DISEASES OF THE SCALP.

The following has been found successful in many cases of the above affection:

R. Tannic acid .....gr. xv.  
 Tinct. iodine... ..dr. ijss.  
 Glycerine .....dr. v.  
 Carbolic acid.....gtt. x. M.

Apply night and morning, first washing the part with water and castile soap.

## TINEA TONSURANS.

This disease, *porigo furfurans* or ringworm of the scalp, is thus explicitly defined in Prof. Duhring's work on Diseases of the skin, a review of which may be seen in our present issue: "*Tinea tonsurans is a contagious, vegetable parasitic affection of the scalp, due to the Trycophyton. characterized by one or more circular, variously sized, scaly, more or less bald patches, showing the hair to be diseased and broken off close to the scalp, accompanied by itching.*"

The treatment suggested is, in substance, as follows: The part being washed daily with soap and water and dried, the loose hairs about the edges of the patches, and the stumpy, broken off hairs over the surface, should be extracted with forceps, a few at a time each day and a parasiticide applied. A solution of corrosive sublimate, 2 grains to the ounce will usually be found effective. Or, in lieu of this the following preparation (much used in the London hospitals) may be used:

R. Iodine ... ..dr.ij.

Oil of tar.....oz.i.

Mix slowly and well, and apply once every three or four days.

*Small Poisonous doses of Chloral in Delirium Tremens.*—Dr. Frank, of the Cologne Burger-Hospital, after exhibiting, by means of a long array of references, the great discrepancy existing among writers on the employment of anæsthetics with respect to the maximum and poisonous doses of chloral, observes that these really much depend upon the peculiarities of the patient, who even may himself differ at different times upon this point. In delirium tremens very

small doses sometimes produce fatal effects and he relates two cases which have occurred to himself. Both were men in the prime of life, with no disease of any organ, as shown at the autopsies, and yet in both small doses (one gramme and a quarter in one case, and two grammes in the other) of chloral of undoubted purity produced fatal paralysis of the heart. — *Berlin Klin. Woch.*, September 11.

*Therapeutic Effects of Corrosive Sublimate in Blumorrhæa.*—Dr. Leopold Bruck, of Buda-pest, states that he has found blumorrhæa urethræ, lasting as usual when injections are employed six weeks without complication, to be curable by the administration of corrosive sublimate. The discharge is profuse during the first two days, but subsequently becomes progressively less abundant and more serous; the sensation of burning in the urethra is bearable, and the chordee moderate. During the treatment, alcoholic fluids, coffee, and highly seasoned food must be avoided. Purgatives should be excluded, since they are unnecessary during the use of the sublimate. The remedy is apt to produce pain in the stomach and intestines, and if this occur its use should be omitted for a few days. It should not be given in cases of cardiac and pulmonary diseases. Dr. Bruck prescribes the sublimate in the form of pills.—(*Centralblatt f. d. med. Wiss.*—*The Practitioner*, December, 1876.)

## GLEET AND CHRONIC GONORRHŒA.

As an injection in gleet and chronic gonorrhœa use the following:

R. Hdrastin canadensis .....dr.ij.

Deod. tinct. opi... ..dr.j.

Aquæ,

Mucilag. acaciæ.....aa oz.ij. M.

## SCIENTIFIC ITEMS.

*The Wonders of a Hen's Egg.*—In twelve hours of setting, points indicating life in the egg appear. On the second day the heart may be seen to beat having a horse-shoe shape, but as yet no red blood. At the fiftieth hour, one auricle of the heart appears. The beating of the heart is first seen in the auricle, and afterwards in the ventricle. At the end of seventy hours, two bubbles are seen for the brain, one for the bill and two for the fore and hind parts of the head. The liver may be detected on the 5th day. On the 7th day the ventricles and circulation are complete and the brain has consistency, from which time the various organs are rapidly developed and the chicken mature at the 18th day.

*Nitro-Glycerine* was discovered in 1848 by Sobrers, a pupil of Pelouze, but it was not used until 1864 that Alfred Nobel obtained a patent for its use in blasting.

*Dynamite*, consists of Nitro-Glycerine and a kind of selicious or infusorial earth known under the names of selicious marl, tripoli, rotten-stone, etc. This earth absorbs the nitro-glycerine without destroying it, and the result is a mixture which is not liquid, and can be transported with much less risk.

*Giant Powder* is dynamite adulterated with nitrate of soda or potash. A preparation called *rend-rock* is a mixture of gun powder and dynamite.

*Seed 1600 years old.*—In the mines of Laurium, in Greece, which were worked about 1600 years ago, a quantity of seed were discovered, which, when planted under conditions favorable for germination, grew and proved to be a lost spe-

cies of the genus *glancium*, (horned poppy.) Pliny and Dioscorides, frequently allude to this beautiful plant in their writings.

*Salt Water made fresh.*—Capt. Edmunds, an Englishman, has patented a machine for obtaining fresh water from sea water. It first converts it into steam which is passed into a condensing chamber, and thence in the form of fresh water to a tank, whence it is drawn off by a tap as required.

*Deaf and Dumb.*—Out of the sixty-seven inmates of the Illinois Deaf and Dumb Asylum, forty-eight are children of first cousins.

*Arsenic in the Stomach.* — 1st. Grains 0.926 of arsenious acid in solution to the kilogramme (2½ lb.), the weight of dogs, injected into the stomach, is enough to cause death in nearly all cases. 2d. The dose of grains 1.08 to the kilogramme is certain to cause death. 3d. If poisoning supervened only on administration of a stronger dose, it was much more rapid, and this being relative to a particular condition in dogs, which throws off the poison too quickly. 4th. In poisoning by the average dose of grains 0.926, death ordinarily takes place at the end of 24 hours.

*Bromide of Potassium in Hæmorrhage.*—It has been asserted that this agent induces contraction of the blood vessels, and Dr. Geneuil (*L' Union Medicale*) has used a local application in the treatment of epistaxis, uterine hæmorrhage, and coryza. It should also be given internally. In coryza two injections of a saturated solution into the nose give relief in an hour, and a permanent cure is effected in about six hours.



## Editorial and Miscellaneous.

☞ All communications relating to the business of *THE RECORD*, for the year 1877, must be addressed to  
DR. B. C. WORD,  
Business Manager, South. Med. Rec.,  
Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☞ Send money by check, postal order, or registered letter.

☞ Write your name, post-office, county and State plainly.

### OUR COLABORERS.

In curtailing our list of co-laborers the present year, no invidious distinction is meant. We have placed those only on the list who either by contributions the last year, or otherwise, have indicated a willingness to act for us. Our co-laborers are expected to furnish us with one or more short practical articles from their own pen, to give us their aid and influence in extending our circulation, and to furnish us any useful and important facts which may come under their observation calculated to benefit the profession, or interest our readers.

**OUR SIZE.**—A subscriber, while much pleased with the matter of our new journal, thinks "the size has been cut off more than the price." Our friend is mistaken. The double-column page with increased length and width of form contains a much larger amount of reading matter and less waste of margin, so that in point of fact our cut off in size corresponds with the reduction in price. It is our intention also, as soon as our list will justify the outlay, to make the type smaller, and thus increase the amount of reading matter.

**THE UNITED STATES PHARMACOPEA.**  
—We are in receipt of a pamphlet en-

titled the *United States Pharmacopea and the American Medical Association*, in which are important and forcible reasons against the proposition of Dr. Squibb for taking the work from the National Convention and placing it in the hands of the American Medical Association.

The Pamphlet will be sent to any Physician who will send his address and a stamp to Dr. H. C. Wood, 1631 Arch street, Philadelphia.

**TRANSACTIONS OF THE MEDICAL SOCIETY OF VIRGINIA.**—We are in receipt of the *Virginia Medical Monthly*, of the *Transactions of the Medical Society of Virginia*, containing a series of interesting and valuable reports and papers. Dr. Cunningham, of Richmond, the President, made the opening address, which will be found interesting; followed by the address of the Annual Orator, Dr. McDonald, elected for the occasion; his subject "*The Doctor*," is handled in an interesting manner. Then follow able reports of Committees on Advances in Chemistry, Pharmacy, Surgery, Administration of Chloroform, Materia Medica and Therapeutics, Practice of Medicine, Public Hygiene, Reports of Cases, constituting the most valuable document of the kind we have had the pleasure of perusing. Our readers would be both interested and profited by procuring and reading a copy of these transactions.

**AT THE ANNUAL MEETING** of The American Microscopical Society of the City of New York, held Tuesday Evening, January 9th, 1877, the following officers were elected for the ensuing year:

\**President*, John B. Rich, M. D., 1 West 38th Street, N. Y.; \**Vice President*, Wm. H. Atkinson, M. D., 41 East 9th Street, N. Y.; *Secretary*, O. G. Mason, Bellevue Hospital, N. Y.; \**Treasurer*, T. d'Oremieulx, 7 Winthrop Place, N. Y.; *Curator*, John Frey, Bellevue Hospital, N. Y.

\*Re-elected.

O. G. MASON, Secretary.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.—We are indebted to our friend and co-laborer, Dr. Robert Kells, of Jackson, Miss., for a copy of the transactions of the State Medical Association of Mississippi. We have not space for a detailed notice of the many valuable reports and papers contained in this neatly executed and valuable compilation. It speaks well for the intelligence and enterprise of the Physicians of Mississippi. Its contents are—*The President's Address*, M. W. S. Croft; *Electro-Therapeutics*, by Dr. R. G. Wharton; *Ramolliment*, by Dr. Compton; *Cerebro-Spinal Meningitis*, by Dr. Browning; *Hemiplegia Kittrell—Antiseptic Treatment of Wounds*, and a case of *Necrosis, &c.*, by Dr. J. M. Taylor; *Capillary Bronchitis* in children, by Dr. R. Fowler, *Chloroform and Ether*, by Dr. E. Banks; *Indignous Remedies*, by Dr. B. H. Whitfield; *Topography and Diseases of North Mississippi*, by Dr. E. W. Hughes; *Memorial Notices*, by Drs. Coffman and Petrie.

☞ Quite a number of our readers who have received the January and February numbers of the RECORD, have not yet remitted the amount of subscription. Our friends will please remember that we are now on the cash basis.

☞ See advertisement of A. R. Everett, manufacturing Jeweler and Engraver. Mr. Everett is an affable and pleasant gentleman, highly skilled in his employment and merits the patronage of the public.

☞ Two or three parties have returned copies sent them, thereby declining to subscribe, but, not sending us their names we cannot know who they are.

☞ The Improved Trommer's Extract of Malt is likely to prove a very useful and popular agent with the profession. It is advertised in the present issue.

## BOOK REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, by Louis A. Duhring, M. D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, Physician to the Dispensary for Skin Diseases, Philadelphia. Author of *Atlas of Skin Diseases*, etc.

The above valuable work is just issued from the publishing house of J. Lippincott & Co., Philadelphia. The author remarks that in preparing the volume it was his "aim to write a concise, practical and useful treatise—one which, while making no pretensions to being exhaustive, should comprise sufficient to afford a clear insight into the elements of Dermatology, and a knowledge of all the important facts in connection with each disease treated of. The primary object being to render the subject simple and intelligible and to free it from unnecessary encumbrances, it has been deemed best to avoid all questions of theory, discussion of unsettled points, and the introduction of useless or obsolete terms."

In perusing the work we find that the author has well complied with the objects above expressed, and has given a truly concise and practical work wherein all that is valuable is presented in a manner which must prove highly interesting and acceptable to the practitioner. Having been a pupil of the renowned Ferdinand Huber, Professor of Dermatology in the University of Vienna, and having had unusually favorable opportunities for observation in the various countries of Europe, and also in the United States, Professor Duhring is eminently fitted for, preparing a work on skin affections, and well and truly has he performed the task.

# THE SOUTHERN MEDICAL RECORD.

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THOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M.D.,  
R. C. WORD, M.D.,

} EDITORS.

R. C. WORD, Business Manager.

SUBSCRIPTION: TWO DOLLARS PER ANNUM, IN ADVANCE.

All communications, and letters on business connected with THE RECORD for 1877 must be addressed to the Business Manager.

## Original and Selected Articles.

### A SKETCH OF THE HISTORY, NATURE, ADVANTAGES AND PROCESSES OF THE MODERN IMPROVED TURKISH BATH.

By JNO. STAINBACK WILSON, M. D., of Atlanta.

What is now called the Turkish bath existed in some form among the Greeks, Romans, and other nations, as far back as history extends. Used by the ancients as a luxury; but their remarkable health and longevity was greatly due to this. The Turks still use it thus; but not the *hot-air* bath, as we do.

The scientific remedial use of the Turkish bath may be dated only about twenty years ago, when it was introduced into Great Britain by Mr. David Urquhart.

Since then, its use has rapidly extended in Europe and in this country, and has received the endorsement of the most distinguished authorities, professional and non-professional.

This is true of the improved Turkish bath, which differs from that of the Turks in the high and graded tempera-

ture of our baths; in the exclusion of the violent and unscientific shampooing as practiced by them; and, above all, in the *dryness* of the air of our improved baths. The Turkish bath, then, is not a steam or vapor bath, but a *dry, hot-air* bath.

If steam is used at all, it is only for the purpose of heating coils of pipe, the heat being radiated from these coils, into the rooms. Whenever vapor is diffused through the rooms, the essential distinguishing feature of the Turkish bath is gone, and such a bath should not be called a Turkish bath, but a Russian, vapor, or steam bath, which is far inferior.

In the Turkish bath the dry air comes in contact not only with the 2,000 square inches of the skin, but with the 20,000 square inches of the lungs; thus giving it great advantages over the steam bath, which retards perspiration, and the air of which is breathed with great difficulty, never reaching the ultimate air-cells

which close against the water with which the air is saturated.

Another advantage of the Turkish bath is having a separate room of high temperature for the shampooing.

Another still, is having rooms of *different temperatures*, so that bathers may be brought gradually to higher grades.

To sum up, then, the Turkish bath is superior to any other: 1st. Because the air comes in contact with the whole extensive cell-structure of the lungs. 2d. It can be breathed with ease and positive delight at a temperature of from 150 deg. to 200 deg., while vapor cannot be breathed with ease at any temperature, and does not permeate the lungs. 3d. Vapor retards, instead of favoring, perspiration. 4th. It is impossible to endure in a vapor bath that high heat on which the remedial virtues of the Turkish bath mainly depend.

#### PROCESSES OF THE TURKISH BATH.

Every Turkish bath should have not less than four large, well-ventilated rooms. These are, the Frigidarium, or cooling room; the Tepidarium—first warm, or preparatory room; the Calidarium—hot, or shampooing-room, and the Lavatorium, or wash-room.

The bather first enters the frigidarium, where he undresses and passes into the tepidarium, the temperature of which ranges from 120 deg. to 140 deg. The object of this room is to solicit a general perspiration without any undue excitement or oppression before going into the next, or hot room. These ends are promoted by the use of warm foot-baths and cold cloths to the head.

When a general moisture appears on the skin the bather is passed into the calidarium, which is heated from 140 deg. to 180 deg. or 200 deg. In this room the sweating and shampooing are

done, as the latter should always be performed at a high temperature. For this operation the *hands* are preferable, and nothing else should be used except in exceptional cases. After sweating, shampooing, percussing and soaping the bather in the calidarium, he next passes into the lavatorium. In this room he begins with a warm shower-bath, which is gradually changed to cool, and then cold. This not only cleanses him, but it closes the pores and causes a vigorous reaction. This last important result is always accomplished readily after passing through the hot-air bath. We object to the plunge, because unnecessary, and might, in some cases, be dangerous. The bather next returns to the frigidarium, where he dresses slowly; or, if there is any secondary perspiration, he reclines on a lounge until he is "all right." He then goes out, wonderfully refreshed in mind and body, feeling like a new man.

#### HOW TO MANAGE A CASE OF LABOR.

Reported by JOHN W. MARTIN, M. D..

The Grange, Dronfield, near Sheffield,  
Late Assistant-Surgeon, Mayfield Factory Dispensary,  
Portlaw.

I may perhaps be excused if for the sake of the student, I briefly enumerate the chief points of practical interest to be borne in mind on being called to a case of labor.

1. Be careful to show no consciousness that the occasion is one calling for explanations of what you wish done in the way of examinations, etc. Whatever you have to do, do it quietly and judiciously, carefully and gently, as a mere matter of routine, calling for no comment from either doctor or patient.

2. Ask the patient, if no nurse be in attendance, to lie on her left side, with

her hips out well towards you, and her knees well drawn up. If a nurse be present, give her directions to have the patient placed in the proper position.

3. See that your hand is well warmed, and the index finger oiled, or anointed with lard.

4. Previous to making the examination, gain your patient's confidence, and place yourself *en rapport* with her, by asking in a quiet tone a few questions as to the number and nature of her previous confinements, when her labor commenced, etc.

5. Then pass your hand quietly under the bed clothes, and without remark feel gently, for the labia, separate them, and avoid the clitoris, pass your finger cautiously and slowly, backwards and upwards, until you reach the cervix uteri.

6. In passing upwards, satisfy yourself as to the state of the rectum, whether loaded with feces or not.

7. Also as to the coolness and moisture of the vagina, or as to its being hot and dry.

8. Note the general capacity of the pelvic cavity, whether roomy or contracted.

9. Feel for the promontory of the sacrum; if difficult to reach it is a good sign, showing the absence of contracted conjugate diameter, or deformity.

10. Having reached the "cervix," note whether it is pendant into the cavity of the vagina, like the nipple of the breast, or whether it is all taken up, and stretched over the presenting part. If not taken up, and the os remains undilated, it will be additional evidence in favor of concluding that true labor has not yet come on, and that any pains complained of are false pains, to be re-

lieved by a dose of either opium or chloral, or both combined.

11. Quietly make out the position of the os uteri; this is sometimes situated very high up, close to the sacral promontory. Bear in mind the possibility of a double "os" being present, one of which may be dilated, and the other not so. Any oversight on this point might give rise to an obvious error in your prognosis. Note the amount of dilatation, the condition of the edges of the "os," whether thick, rounded, moist, and yielding; or thin, sharp, hard, resisting, and undilatable, and tending to dryness. The latter condition, in the majority of instances threatens a prolonged labor, and usually accompanies a state of debility and want of rest on the part of the patient. In such cases, a good dose of opium or chloral, given as already described, will be found to exert a most beneficial effect, in controlling and properly directing the uterine contractions; the condition of the parts usually change rapidly, the os becoming thick, rounded, and dilatable, and the passages bathed in mucus.

12. Satisfy yourself as to the nature of the presenting part of the foetus, the condition of the membranes, and the quantity of "fluid" present.

13. It will be found a safe good rule to leave the membranes unruptured to the last; early rupture may lead to troublesome complications. Rupturing at the completion of the first stage sometimes hastens labor; but the risk of inducing a difficult case ought to make it a matter of very careful consideration. I have always found those cases do best in which the membranes remain unruptured, until they appear as a bag, at the external orifice; the descending bag

of waters is the natural and best distending force, preparing the way for an easy descent of the head.

14. If the rectum be loaded, clear it out with a simple enema, such as some warm water having a couple of table-spoonfuls of salt and sugar dissolved in it.

15. Learn whether your patient passes water freely; distension of the bladder would prove a source of delay to the birth of the child.

16. If the patient has borne several children, and the abdominal walls are flabby, pendulous, allowing the womb to fall forward, thus altering its proper axis, the application of the binder will be found very useful.

17. Where the pelvis is roomy, the maternal passages are cool, moist and dilatable, the os uteri well dilated and dilatable, the patient passing water freely and the rectum well cleared out. Kristellar's method of assisting labor tedious from inertia, may be found useful. Place the patient on her back: standing above her as it were, apply the palms of both hands to the fundus of the uterus, the fingers and thumbs extending forwards towards the pubis and crest of ilium; then make steady pressure at the onset and during the continuance of each pain, by this means aiding in the expulsion of the child.

18. Do not be in too great a hurry to aid with pressure the exit of the head through the external orifice; give time for the full distention of the perineum, which gradually thins out and expands with each pain; retard the progress of the head if necessary. Attention to this point in my experience reduces the danger of rupture to a minimum, and in the majority of cases renders support to the perineum unnecessary. Of late my ex-

perience inclines me to believe, that the application of the hand as a means of support to the perineum is rather injurious than otherwise, heating the part and inducing dryness, thus interfering with its natural distension. The natural course in this instance will very likely prove the best.

19. Upon the child's head being born, clear its mouth and throat of all mucous, by passing your little finger well down into the pharynx; do this cautiously; then examine if the placental cord is twisted round its neck; if it is, pull it out gently, remembering the danger of breaking it, and slip it if possible over the child's head, if not, over its shoulders and body. Support the head whilst awaiting the expulsion of the shoulders and body. During the expulsion of the child, place the left hand upon the fundus of the uterus, and follow it downwards with careful but firm pressure.

20. Upon the birth of the child, again clear out the mouth and throat, and compel it to cry if need be, by slapping it well over the buttocks and back; should any delay occur in setting up of natural respiration, direct the nurse or some friend in attendance to make pressure upon the "fundus uteri," and at once practise artificial respiration, Sylvester's method being the best; apply cold suddenly to the surface of the body and make rapid frictions with either brandy or whisky.

About sixteen respirations to the minute will be sufficient, when practising artificial respiration.

21. Allow a few minutes to pass by before applying the ligatures to the cord to see if pulsation ceases. The ligature next the child's body should be placed some three inches from it, and should be firmly secured with as many as three

knots. The ligatures should be made of strong housewife thread, each one being composed of some three or four strands of the thread. After dividing the cord with scissors, dry the surface, and examine if there be any bleeding present. This is a point to be well attended to, as any oversight might lead to injurious effects to the child, and discredit to your own skill and reputation.

22. Allow the womb some fifteen to twenty minutes rest, keeping up firm but gentle pressure over the fundus. Very frequently, at the expiration of the time of grace, the womb expels spontaneously, with a good strong contraction, the placenta and membranes entire.

23. Should delay occur, increase the amount of pressure, apply your hand, previously cooled by being dipped into cold water, suddenly to the surface of the abdomen; these means frequently effect the object you have in view. I would advise, as far as possible, that the cord should not be dragged upon, as is very frequently done and recommended.

24. If firm pressure to the fundus, sudden application of cold to the abdomen, gentle traction, and causing the patient to cough, fail to induce expulsion of the placenta, the right hand must be washed perfectly clean, and then gently introduced per vaginam and the mass removed.

25. Immediately after the delivery of the placenta has taken place, wherever there is the smallest risk of hemorrhage a dose of ergot, half a drachm to two scruples, should be given.

26. A point worth remembering in connection with making pressure upon the fundus uteri is this: do not be satisfied with merely pressing upon the surface of the abdomen, but feel carefully for the body of the womb through the

relaxed abdominal walls, and then grasp it firmly, and at the same time gently.

27. In the case of post-partum hemorrhage occurring in addition to the ordinary means for arresting it, viz., pressure, cold applications to the abdomen, administration of ergot in repeated doses, of a half a drachm every ten or fifteen minutes, brandy, elevation of the patient's hips, introduction of the hand into the uterus, mopping out the internal surface of the womb with a solution of the perchloride of iron, one part to six, or the intra-uterine injection of this solution, is recommended; pressure upon the abdominal aorta, the application of the galvanic current, and transfusion may be tried in extreme cases.

28. Delivery having been effected, the placenta expelled, and no post-partum hemorrhage occurring, all clots of blood must be removed from the bed, the latter being made as dry and comfortable as possible. A clean sheet, in four folds, should be slipped under the hips. If you have taken the precaution before delivery to carry the night-dress well up under the waist, towards the armpits, this will be dry and comfortable. It remains only to apply the binder. This must be done carefully with as little movement of the patient as possible. The binder should be a yard and a half in length, and fifteen inches in breadth; and is best made from a piece of strong old linen or calico. It should be rolled up from one end, to allow of its being easily slipped beneath the patient *en masse*. When binding, place the patient on her left side, with her lower extremities and body in a straight line; place the binder so that its lower border will be below the trochanteric prominences; then fold round the body from below upwards firmly, and bind, secur-

ing the bandage, where possible, with safety pins. The upper border need not be drawn very tightly, to prevent its interfering with respiration.

29. If there is any tendency to relaxation on the part of the uterus, a good firm pad may with great advantage be applied over it, beneath the binder.

30. Examine your patient's pulse; if it remains full and firm at 80 beats the minute all is well. If it passes beyond a hundred there is always cause for anxiety and watchfulness.

31. Again examine the portion of cord attached to the child, to be assured that there is no bleeding therefrom. See, also, that the piece of linen in which it is to be wrapped has been well singed at the edges which are to be in immediate contact with the cord.

32. The application of the infant to the breast as soon as dressed, is a safe measure for the mother, tending to prevent hemorrhage.

33. Do not leave the house for an hour after delivery has been effected, and during that time watch carefully the amount of discharge, and the state of contraction on the part of the womb.

34. A thorough acquaintance with the minutiae of treatment necessary in dealing with ordinary cases, makes it a matter of comparative ease when called upon to treat those which are graver in their nature.—*Med. Press and Cir.*

### VERATRUM VIRIDE.

By C. J. RADEMAKER, M.D.

American hellebore is generally considered by the profession as a powerful vegetable poison; but having never heard of a case of fatal poisoning by this drug, and as I am in the habit of using this medicine a great deal in my practice, I concluded to make a series

of experiments with it upon the lower animals, both in regard to its physiological and poisonous properties. American hellebore, when given to the lower animals, whether given in the form of a saturated tincture or the alkaloid itself in small doses, produces the following effects: First, a great increase of saliva and flow of tears, accompanied with an incessant cough, the animal at the same time dancing around the room. If now the dose is increased, either by the mouth or by hypodermic injection, vomiting sets in rapidly, the pupils become dilated, accompanied by great muscular relaxation, so that the animal is unable to walk; but at no time have I noticed tonic spasms and stiffness of the limbs, even when the drug had been given in enormous doses. Upon the circulation it has a powerful sedative effect; when given in small doses it diminishes the pulse, without producing any unpleasant symptoms. But if the medicine is now increased largely, it brings the heart down to about twenty-five beats per minute, accompanied by all the symptoms given above; but in no instance could I give a small dog enough of the alkaloid (veratria) to kill him.

One small dog I gave ten grains of veratria and then placed him under the influence of chloroform, and made a careful vivisection, so that part of the heart was exposed, which I could see and feel beating tumultuously at about twenty or twenty-five beats per minute; but after he came out of the stupor of chloroform he got up and looked about him, apparently thinking that nothing had happened; so I struck him on the head with an axe and killed him.

The stomach of this dog was taken out and found highly injected with blood over the entire mucous surface. The stomach was submitted to analysis,



and three grains of veratria found ; consequently five grains must have been absorbed, allowing two grains for loss, which is large.

From the above it will be seen that veratrum can not be considered a powerful poison. As for narcotic properties, it possesses none ; and it can only be classed with the irritant poisons. Of course, where given in very large doses, it would produce gastro-enteritis and probably death.

Taylor, in his Treatise on Poisons, speaks of the irritant properties of black and white hellebore, but says nothing in regard to veratrum viride. In a case reported by Morgagni, (Taylor's Treatise), a half dram of the aqueous extract of black hellebore killed a man aged fifty years in eight hours. The symptoms were pain in the abdomen and vomiting. After death the whole alimentary canal was found inflamed. In one instance twenty grains of the white hellebore caused death in three hours (Taylor's Treatise). Death was preceded by vomiting of bloody mucus and cold sweats. A physician prescribed medicinally one grain of veratria, divided into fifty pills, and three were to be taken at a dose (equivalent to one sixteenth of a grain), which, according to Taylor, came very near killing her. But I have not seen such results with the American hellebore on the lower animals. Medicinally I have not prescribed it in large doses, but I am satisfied that one-sixteenth of a grain of veratria will produce no poisonous effects.

#### THERAPEUTIC USE.

Veratrum viride is an excellent remedy in pneumonia of children, for it can be given in such a way that the child is not aware that it is taking medicine. The form in which I give it to children

is the following : R Liq. potas. citratis, oz. j ; tinct. veratri viridis, gtt. ii to iv or vj, according to the age of the child ; a teaspoonful of the mixture to be given every two hours. This dose of course can be increased if necessary, but in a very young child I find one quarter of a drop sufficient to reduce the heart's action. In pneumonia of adults I give four to eight drops of the tincture every two hours until the pulse is reduced. I then order it to be given every four or six hours. The tincture I use is (Norwood's) made by macerating eight ounces of the rhizome to one pint of alcohol. The other treatment, such as poultices, food, and Dover's Powder for pain and rest, is not neglected, and complications of any kind are met with proper remedies. In croupous pneumonia I always use quinine in large doses, as recommended by Juergensen. (See Ziemssen's Practice.)

In scarlatina I have found this an excellent remedy to reduce the pulse, always using it in conjunction with a bath at a temperature of 80 or 85 deg., and allowing the child to remain in it from one-half to three-quarters of an hour. This bath I use more for its effect upon the renal organs and skin than the effect it would produce upon the pulse and temperature.

During this last epidemic I treated about ninety cases of scarlet fever, out of which I lost but five. Whether this was owing to my treatment or not, I am unable to say, but will leave that to the judgment of the profession.

In dentition of children with high fever and bounding pulse, especially in those phlegmatic children that are so liable to be taken with cerebral meningitis, the veratrum, in combination with

potas. bromidum, is the remedy *par excellence*.

In acute rheumatism this remedy is not less efficacious, sufficient quantity being given to reduce the pulse. In this disease it may be given in combination with opium or morphia, which ease pain, while the sedative remedy reduces the excitement. It may also be combined with the alkalies and colchicum, as in the following mixture :

R. Potas bicarb.....dr. iij.  
 Vin. colchi. sem.....oz. ss.  
 Tinct. veratri viridis .....gtt. 60.  
 Aqua destil.....oz. vi.

M. ft. sol. Sig. Tablespoonful every two or three hours.

In typhoid and other low forms of fever, and in organic disease of the heart where it becomes necessary to repress the circulation, the veratrum will be found of great benefit.

In conclusion, I would say that veratria may be considered a powerful irritant poison, but at the same time death is not likely to be produced by its action upon the cerebro-spinal system or upon the heart. If death occur after its administration, it is probably the sequence of inflammation of the stomach and bowels.—*Louisville Medical News*,

#### OBSTETRIC MEMORANDA.

This case may be given in brief detail. Mrs. W——, æt. 32, seventh pregnancy at full term ; previous labors prolonged and difficult, pains very severe and prostrating. For some months before delivery, the lower extremities were much swollen with dropsical effusion, and there was general œdema of the body and face especially about the eyes. She was also troubled with severe bronchitis, for which I treated her with good effect during the last three weeks preceding delivery.

She was in a very despondent condition, fearing the worst. The heart's action was very weak.

I was called to her at 6:10 P. M. She had had strong and regular labor pains, from about 1 P. M., and suffered from sharp, premonitory ones, from the preceding evening. On examination, I found the pelvic cavity roomy, the passages cool and moist, the rectum empty, the patient passing water freely, the pains strong, regular, and succeeding one another at rapid intervals. The head was presenting, the waters were unbroken, and the "os" was dilated to something less than the size of shilling ; its edges were very thin, hard, sharp, resisting and undilatable. I at once gave a dose of chloral, and followed up with two others, at intervals of twenty minutes. I gave in all sixty grains. Its good effects were soon apparent.

These effects were, however, even more marked, as the progress of the case was very rapid. She enjoyed the same quiet deep sleep during the intervals between the pains, and felt herself greatly refreshed. The pains themselves were not really so intense, although the contractions were very strong. The child was born at 8:20 P. M., two hours after the administration of the first dose of chloral. It was a male of very large size. The anterior lip of the uterus got caught between the symphysis pubis and child's head. I had to push it up, and keep it there until the latter had descended sufficiently into the cavity of the pelvis, to prevent of its prolapse. The pulse remained at 84 beats to the minute. The post-partum contraction of the womb was good, expelling the placenta at the end of ten minutes, unaided by pressure. There was no post-partum hemorrhage. The patient felt most grateful, asserting

that she had never had such an easy time of it in all of her previous confinements. She declared the effects of the chloral to be most soothing and refreshing.

From the foregoing case it is evident that chloral:

1. Had a strong controlling influence over the amount of pain felt.
2. That it secures quiet, refreshing sleep during the intervals of pain, thus husbanding the patient's strength.
3. That it has no retarding influence upon the progress of labor.
4. On the contrary, it seems to have a decidedly beneficial effect in steadying, and directing to a favorable issue, the uterine contractions; also in hastening the dilatation of the os uteri.
5. It does not in any way weaken post-partum uterine contraction.

From my experience, it is of great service, where, from idiosyncrasy on the part of the patient, the smallest dose of opium could not possibly be given.—*Medical Press and Circular.*

#### EXPERIMENTATION ON DEATH FROM CHLOROFORM.

The first series of experiments I remember to have made were commenced in the years 1850 and '51, and had reference to the mode and cause of death under chloroform. At the time named chloroform had been in use a little over two years for preventing the pain of surgical operations, and already nineteen deaths in man had occurred from it.

These calamities had produced very painful and anxious feelings amongst medical men, and my researches had for their intention the elucidation of many points of practical importance. The mode of procedure was to narcotize

the animals, with varying degrees of rapidity, with varying percentages of chloroform vapor in the atmosphere, and during various atmospherical conditions; to note carefully the phenomena produced on the heart and on the respiration, and the duration of the four stages of narcotism. In some instances the animals—rabbits were usually subjected to experiment—were allowed to recover; in other instances the narcotism was continued to death. When the narcotism was made to be fatal the immediate cause of death was noted, and the body was left until the rigidity of death could be recorded. Then all the organs were carefully inspected, in order to see what was the condition of the lungs, the heart, the brain, the spinal cord.

The results obtained by these inquiries were of direct practical value. By them I showed in various lectures and papers the following major facts:

1. That the cause of the fatality from chloroform does not occur, as was at first supposed, from any particular mode of administration of the narcotic.
2. That chloroform will kill, in some instances, when the subject killed by it exhibits, previous to administration, no trace of disease or other sign by which the danger of death can be foretold.
3. That the condition of the air at the time of administration materially influences the action of the narcotic vapor. That the danger of administration is much less when the air is free of water vapor and the temperature is above 60°, but below 70° Fahr.
4. That there are four distinct modes of death from chloroform, and that when the phenomena of death from its application appear, they are infinitely more likely to pass into irrevocable death than

from some other narcotics that may be used in lieu of chloroform.

5. That all the members of the group of narcotic vapors of the chlorine series, of which chloroform is the most prominent as a narcotic, are dangerous narcotics, and that chloroform ought to be replaced by some other agent equally practical in use and less fatal.

6. That so long as it continues to be used there will always be a certain distinct mortality arising from chloroform, and that no human skill in applying it can divest it of its dangers.

That knowledge of this kind respecting an agent which destroys one person out of every two thousand five hundred who inhale it was calculated to be useful, no reasonable mind, I think, can doubt. To me, who, many hundred times in my life, have had the solemn responsibility of administering chloroform to my fellow-men, it was of so much value that I should have felt it a crime if I had gone blindly on using so potent an instrument without obtaining such knowledge.—BENJAMIN W. RICHARDSON in *Nature*.

#### NOTES IN PRACTICE.

By C. L. GREGORY, M.D., North Star, O.

Sciatic and crural neuralgia usually yield promptly to half teaspoonful doses of a strong tinct. gum guaiac every three hours, in conjunction with 15 to 20 gr. doses of blue mass every alternate night. Enough mass must be given to clear the bowels rather freely. An excellent prescription is the following :

R—Fl. Ext. Gelseminum.....

“ “ Black Cohosh..a a oz. i M.

S. Ten drops every four hours until the toxic effect of the gelseminum, drooping of the eye-lids, is noticed, when the dose should gradually be diminished.

In severe cases of malarial and continued fever an agonizing pain often attacks the shoulder, elbow, hip, knee, etc., and becomes almost unbearable. I saturate a woollen cloth with chloroform and apply to the painful part, covering it with a dry cloth to prevent too rapid evaporation. This gives prompt relief. Internally I give :

R—Fl. Ext. Gelseminum.....

“ “ Black Cohosh, a a oz. i M.

S. Five to ten drops every three or four hours, as above.

I use the above prescription when the limb is left stiff and painful during and after convalescence.

My partner, Dr. A. Pearson, cured an old case of neuralgic pain of the hip, which had been diagnosed morbus coxarius by another surgeon, with the above named prescription. Menstrual suppression from cold and exposure was present in this case, but the menses became regular as the neuralgia was cured. She could bear no weight on the affected limb. No opiates were used after the first week of treatment. Time, eight weeks. In many neuralgias, but especially trifacial, I almost invariably prescribe gelseminum. There are but few cases of dental neuralgia that it will not promptly relieve. In this malarious district quinine is also an excellent remedy. Of course the general health must be attended to.

I have been very successful in curing pain in the kidney, spermatic cord, and testicle with :

R—Bal. Copaiva .....dr. ii

Sweet Spts. Nit.....oz. ii M.

S. One c. p. every four hours.

Keep the bowels regular by small doses of rhei and aloes, but do not purge.

Some women—and men too—are sub-

ject to pain in region of heart, with palpitation and shortness of breath, etc. I prescribe:

R—Fl. Ext. Valerian..... oz. i  
Chloroform..... dr. i  
Alcohol..... dr. vii M.

S. One-half to one c. p. every 15 to 30 minutes 'til relieved, then as indicated. Dilute it well with water or syrup.

It acts exceedingly well in those cases, and also in hysterical attacks. I use it in some cases of labor, especially when the woman is anxious, nervous, and excited; also when the pains seem to be located mostly in the back. It calms her down and labor progresses much more satisfactorily to all concerned.

For dyspepsia and indigestion I prescribe the following:

R—Rhei Pulv.  
Cubebis pulv.  
Hydras. can. pulv.  
Brom. Pot..... a one part  
Quinia Sulph..... half part M.

Triturate them thoroughly, and to an adult give twelve gr. doses four times per day.

Mr. C. had a distressing pain in his stomach for which he took a large swallow of spts. camphor, which was pure alcohol saturated with the gum, and as a consequence his mouth, throat, œsophagus and stomach became so inflamed and tender that he could scarcely swallow even liquid food. Various remedies were tried for a week, when I put him on a saturated solution brom. pot., a tablespoonful every three hours. He was completely cured in 48 hours. This also acts well in acute conjunctivitis, one or two drops in the eye four times a day. Used as an injection in simple vaginitis it is good.

In some cases of atonic diarrhea, where the bowels move every time any

thing is swallowed, and medicine does no good, I have used a strong decoction of coffee with excellent success. Use it cold and clear, letting an adult drink from a half to one pint every three or four hours. After twelve to twenty-four hours let patient commence on boiled or thickened milk, gradually expanding his bill of fare. Brandy made quite thick with flour is also good in these cases.

In dysmenorrhea a pill composed of one gr. opium to one-half gr. ext. belladonna every three hours is quite beneficial. In the neuralgic form I use, in addition to the pill, gelsemium and cohosh a a, mix, ten drops every two hours. In the neuralgic form it is imperative to institute a tonic, and building up treatment during the inter-catamenial period.

PITYRIASIS VERSICOLOR can be quickly and permanently cured with:

R—Nat. Sulphite.....dr. i  
Glycerine.....dr. iv  
Water.....dr. iv M.

Use as a lotion once a day.

Acne in all its forms, except perhaps A. Rasacea, can be cured by restraining the appetite, eating very moderately and having the diet constituted principally of oily articles. Also use the following after meals:

R—Solut. potassa arsen.  
S. Two to six drops in water.

## THE VALUE OF SNEEZING IN THE REDUCTION OF HERNIA.

By CHARLES DENISON, M. D., Denver, Col.

As I am not aware that the procedure of giving snuff, while an attempt at reduction of hernia by taxis is being made, has been known to the profession, I wish to report two instances which have lately occurred in my practice:

May 30. I was called out at night to see a Chicago gentleman, temporarily sojourning at the Evergreen House in Morrison. I reached him about half-past four next morning, having to go *via* Mt. Vernon, around the "Hog-backs," or outside foot hills of the Rocky Mountains. I found Dr. J. C. Dunham in charge, from whom I heard that Mr. C. had the previous evening caused the hernia while helping a lady to alight from a carriage; that he had had the difficulty for several years, during which time he had worn a truss, and had two or three times suffered from its strangulation, due to his negligence in leaving off his truss. It was oblique, inguinal hernia, and this time the protrusion was sufficient to cause the right side of the scrotum to assume the size of a man's fist. Dr. Dunham had used sufficient taxis, and failed to reduce the hernia. The pain being considerable, he had given the night before morphia subcutaneously, and changed the local applications from cold to hot.

I found the tumor very tense, and I withheld much manipulation, thinking it was useless to attempt reduction under the existing circumstances. We applied ice locally, and elevated the foot of the bed on a table. Later, at 8½ o'clock in the morning, when the parts were chilled by the ice, and hence less sensitive, taxis was tried, but it was evidently useless.

The idea had occurred to me before of making such a patient sneeze, while firm and well directed pressure on the hernia was being made, and I cast about to try the experiment; but no snuff could be found about the place. Finally, towards noon, some patent "catarrh snuff" was procured, which was used.

While I had firm hold of the tumor, during the first good sneeze, I felt a little of the contents slip back into the abdominal cavity. The sneezing was kept up, and at times we could hear a little of the air in the protusion shoot through the internal ring. This happened at the end of the sneeze. I cannot explain it better than by saying there seems to be a billowy movement of the anterior wall of the abdominal cavity, from above downwards, which is suddenly reversed. This reversed action is accompanied by a sudden relaxation, as it were, at which instant a little of the contents of the hernial sac shoots back through the intestinal ring. The pressure was continued for over an hour—the omentum (for it was an entero-epiplocele), which undoubtedly caused the strangulation, being the last to disappear.

The other day, a gentleman was referred to me, at my office, who had a right oblique inguinal hernia, which I considered an epiplocele—the omentum only being strangulated. I failed at first in reduction by taxis, and left him in my office with ice on the tumor and his heels up in the air. After an hour, I returned with some Scotch snuff. I made him sneeze so long as there was any response in his Schneiderian membrane, meanwhile using diligent taxis. The tumor receded with more difficulty than I think an enterocele would under the same procedure, but finally it was all gone.

Whether the peculiar relaxation of the abdominal wall or the pulling within on the intestine or omentum during the sneeze does the good, or both combined, I cannot positively state, though I am inclined to the latter view. So far,

however, I am very well pleased with my discovery, as I considered it; and I give it to the profession with the hope that, as a simple procedure, it may save many an unfortunate from the danger and suffering of a surgical operation.

P. S.—Since writing the above, I have been informed by Dr. S. D. Bowker, of Sunshine, Colorado, that Dr. Taylor, of Kansas City, suggested this snuff experiment to him some ten years ago. As the recent surgical authorities I have consulted do not mention it, and several physicians, including Prof. John T. Metcalfe, of New York, who was lately visiting our city, informed me they had never heard of it, I came to the conclusion that it was a new idea.

Dr. Bowker states that once while using taxis, in a case of direct inguinal hernia in a female, his patient sneezed, in consequence of the window being thrown open and a gust of air suddenly striking her, when the protusion as suddenly disappeared.—[Va. Med. Month.

### THE MANAGEMENT OF CASES OF CHOLERA MORBUS.

By CHARLES C. PIKE, M. D., of Peabody, Mass.

Every active physician is aware how unpleasant it is to be called out of a sound sleep in the middle of the night, as we usually are, to relieve a case of acute indigestion or cholera morbus, as it is commonly called. He finds his patient suffering terribly with pain in the stomach and bowels, vomiting and purging, the air in the room necessarily rendered sickening and disgusting thereby; or, perhaps not having been called early enough, he finds the patient rapidly sinking into a collapsed state, with cold extremities, cramps, etc. Writers on

this disease advise giving small doses of morphine, morphine and calomel, brandy, and ice, etc. All of which, in my experience, are very likely to be rejected by the stomach, and generally we are obliged to work over our patient for an hour, and oftener two or three hours, before we can feel sure that the disease is controlled. The hypodermic use of morphine will usually give prompt relief; but from prejudice on the part of friends, or from other causes, we are often debarred from using it.

Living in a town where there are a large number of Irish laborers, and consequently having many cases of cholera morbus to treat, I have adopted a plan of treatment which, while I by no means claim it as original, serves me admirably; i. e., I do not now find myself obliged to remain with the patient but a few moments, where formerly I was obliged to stay an hour or two. Immediately upon reaching the bedside of the cholera morbus patient, I order "saleratus and water," viz., half-teaspoonful of saleratus, to a cup-full of water of summer temperature. If the patient has already cleared the stomach by vomiting, this will at once neutralize the sour condition of that organ, and relieve the nausea, and if vomiting have not taken place, the combination of the alkali with the acid contents of the stomach will usually induce action enough to cause vomiting, which of course is desirable to an extent of unloading the stomach of its contents, after which I give more of the saleratus water, which will soon stop the vomiting. Then, with a small 2-oz. metallic syringe, which I always carry—one with a ring on the end of the piston, so that it can be used with one hand, is the best—I use a small clyster composed of from one-half to one teaspoonful of

laudanum, of which I always carry a small phial, and enough of the saleratus water to nearly or quite fill the syringe; this to be gently thrown into the rectum by yourself, or the nurse, if you can depend upon her doing it faithfully; tell them if the patient vomits to give the saleratus water, of course, not omitting to apply external warmth or irritants, as may be necessary, and then go back to your bed again, seldom staying in the house more than twenty minutes.

I have treated a great many cases in this way—a hundred at least—and as yet have never been called to the same patient twice in the same night, an event which happened far too often when I used other means for controlling the disease. There is no dread, lest by mistake on the part of attendants, an overdose of opiate may be administered. The laudanum acts as a sedative and also a stimulant, just what the patient needs, and the dose, from a half to one teaspoonful of laudanum, by clyster, would not be likely, under any circumstances, to do harm.—[Med. and Surg. Rep.]

**IODINE AND ITS PREPARATIONS IN THE THERAPEUTICS OF INFANCY.**—In a clinical lecture delivered at the Paris Hospital for Children, M. Jules Simon lays particular stress upon the following points:—Tincture of iodine should not be applied pure in tubercular children; it should be diluted with either glycerine or some unguent. Neither iodide or potassium nor iodide of iron should be given to children under two years of age, except perhaps in cases of acute hereditary syphilis, where small doses may be administered. It may be given to the nurse if the child has not been weaned. Older children bear the drug well.—[Boston Med. Journal.]

## Abstracts and Gleanings.

**VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.**—Much discussion was occasioned by a paper read by Dr. Fordyce, before Med. Association of Central New York, in which he claimed a peculiar adaptation of Veratrum Viride to the relief of convulsions resulting from uremia. He affirms "Albuminuria is the principal and the only pathological condition that for any length of time precedes convulsions; the same condition that produces the convulsions in albuminuria is, also, sometimes developed in pregnancy, and during the progress of labor by uterine pressure upon the bladder and ureters damming the urine upon the kidneys; the secretion of urine is suspended and urea retained in excess in the blood, &c.," and thus he accounts for puerperal convulsions. He then details a number of cases in practice as proof of the power of veratrum to control the convulsions. We extract from one of them the following quotation, which may serve to give an idea of his method of using the remedy in this formidable affection:

**CASE I.** The lady had nine convulsions and was comatose and insensible, breathing stertorous, etc., "advised Verat Viride, ten drops; repeat in thirty minutes in reduced doses until vomiting ensues, or pulse is reduced to sixty; convulsions controlled with second dose, and third dose reduced pulse to forty-eight; continue Verat. as soon as pulse increases above sixty; on the twenty-ninth, towards night, she became conscious, and by the use of Rochelle salts and Cream of Tartar and Acet. Pot. œdema disappeared; she became quite comfortable, and on the twenty-first of June, twenty-three days after



attack was delivered of a still-born child in a stage of great decomposition, without convulsions or any unfavorable symptoms, so far as the mother was concerned."

**SOLUTION OF SILVER IN THE TREATMENT OF ORCHITIS.**—Our medical friend J. J. Knott, M.D., of Atlanta, (in Medical and Surgical Reporter), thus remarks: "From an extensive experience with the solution of nitrate of silver, I am satisfied that it is the most effectual remedy we possess for the speedy relief of this affection, forty-eight to sixty-four hours being sufficient to effect a cure in the majority of cases. My idea is that it operates in the same manner as strapping, viz., by uniform pressure, thereby disgorging the blood vessels of the parts, and by this means relieving the inflammation. I commence the treatment by cleansing the scrotum with warm water and castile soap, and after drying the parts with a towel, apply the following solution with a camel's hair pencil:

R—Argenti nitrat (cryst.),.....dr. ss  
Aqua destillatæ,.....oz. j  
Fiat sol.

As soon as this application dries, apply the following;

R—Argenti nitrat (cryst),...grs.lxxx  
Aqua destillatæ.....oz. j  
Sig.—Apply morning and night.

Should any excoriation of the scrotum follow this application, omit it at such points. My object in applying the thirty grain solution first is to protect the parts from the excoriating effects of the eighty-grain solution. Before I adopted this plan, I experienced some trouble on this account. Should the orchitis be complicated with secondary syphilis, the usual constitutional means should be employed in addition to the local treatment.

J. J. KNOTT, M.D.

**THE DISTINCTIONS BETWEEN THE ACTION OF CHLORAL AND OPIUM.**—In his recently published work on Treatment, Dr. J. Milner Fothergill speaks as follows, in discriminating between the respective uses of opium and chloral:—"Chloral hydrate is a drug which stands second to opium only as an agent which depresses nervous action. There are differences, however, betwixt the actions of these two agents, which are far from unimportant. We have just seen that for the production of sleep two factors are necessary, viz: cerebral anæmia and a quiescent state of the cerebral cells. Opium acts more pronouncedly upon the cells than the circulation, whilst the effects of chloral are most markedly felt by the circulation, and to a less extent by the cells. Thus in old days a depressant, as tartar emetic, was combined with opium in conditions of sleeplessness due to vascular excitement. In such conditions chloral is the hypnotic par excellence. \* \* Where vascular pain and excitement co-exist, then chloral and opium should be combined. \* \* It also acts upon the cerebrum and the centres at the base of the brain, whilst it has a decided effect upon reflex irritability. From its double effect upon the nervous system directly and upon the circulation, chloral has been found very useful in the treatment of mania—much more useful than opium. Chloral too, is an excellent remedy in cases of cerebral irritability from overwork, giving calm, refreshing sleep."—[Medical and Surgical Reporter.

**A NEW BLOODLESS OPERATION.**—Wm. Powell, M.D., of Miss., (in Amer. Med. Bi-Weekly), thus describes a new bloodless operation:

A negro woman requested me a short time since to get a piece of needle ou-

of her arm, which she said had been accidentally lodged there about three years ago. I seated her near a table, applied a tourniquet buckled loosely about the middle of the arm, with the pad over the brachial artery; I then elevated the arm, with the hand higher than her head; an assistant pressed the pad, so as to stop the circulation in the artery; I then rubbed the hand and arm, forcing the blood from the limb through the veins to the body, then tightened the band of the tourniquet so as to prevent all circulation of blood in the limb beyond; I then laid the hand on the table, made an incision through the skin about an inch long and extracted a piece of needle half an inch in length. The tissues were entirely blanched; I dressed the wound before removing the tourniquet, and did not see a particle of blood, the knife was not stained. This case demonstrates very fully the fact that the bloodless operation can be performed on the extremities without any new contrivance, the ordinary tourniquet being fully sufficient.

**NEW OBSERVATIONS CONCERNING THE THERAPEUTIC ACTION OF CARBOLIZED CAMPHOR.**—Dr. Soulez publishes, in *La France Medicale*, of January 11, 1877, a series of cases in which he successfully employed the carbolized camphor. This antiseptic, of which he speaks so highly, is obtained by dissolving nine grammes of the crystals of carbolic acid in one gramme of alcohol; to two grammes of this solution is then added twelve grammes of powdered camphor—the syrup-like liquid which results is the carbolized camphor. For dressings the carbolized camphor is reduced (one part to nineteen of olive oil or oil of sweet almonds), and in the

mixture are saturated square pieces of lint, which are then applied, one over the other, to the wound; these are covered by a sheet of thin india-rubber, and on this, again, dry lint is bound with a bandage. M. Soulez claims for this dressing three great advantages; suppression of pain after the operation, absence of febrile reaction, and, finally, rapid cicatrization.—Clinic.

**PILLS OF SULPHATE OF QUINIA.**—H. P. Reynolds, in the *Amer. Journal of Pharmacy*, recommends the following formula:

Quiniaz sulph. gr. 600; acid tartaric, gr. 100; glycerin, min. 75. Rub the quinia and acid together in a mortar to a fine powder till no appearance of crystals remains, add the glycerin—just seventy-five minims, no more, no less—and continue the trituration till the powder becomes adherent, when it should be beaten into proper form for handling and divided into the requisite number of pills. The mass is firm, solid, rolls well, does not set for some hours—is, in fact, a “beautiful mass,” and the pills will be found quite small for their weight, very white if rolled in starch powder, and, however old or dry they may become, they remain perfectly and entirely soluble.—*Pacific Medical Jour.*

**BAKING POWDER.**—This is usually made by mixing three parts of dry sodium bicarbonate with three parts of farina, and intimately incorporating with it two parts of dry tartaric acid. The mixture must be put up and kept in air-tight cans or boxes, and must be well protected from moisture, as this would cause the acid to react upon the bicarbonate.—[*New Remedies.*]

## INTERNATIONAL MEDICAL CONGRESS

—SECTION OF MEDICINE.—Dr. J. J. Woodward, Surgeon U. S. A., Reporter, read a paper on "Typho-Malarial Fever; is it a Special Type of Fever?" After a general introduction, in which he referred to the duration of war as an element of mortality from sickness, and to the statistics of the Prussian army during their last great war. he discussed the subject of camp fevers in our army, especially when complicated with malarial influences. He sketched the history of typho-malarial fever, as reported by different surgeons, and argued that such hybrid combinations were not new in armies, illustrating this with historical facts. He contended that typho-malarial is not a special type of fever; it is no new disease, but a hybrid. He referred at considerable length to those who had sustained his views, and to others who had opposed them.

Dr. Bartholow, of Cincinnati, replied to the charge of acrimony made by the reporter against him. He said he had simply objected to the erection, by Dr. Woodward, of a new type of disease.

Dr. N. S. Davis, of Chicago, said he saw little need of controversy; he was almost surprised that it was necessary to combat the idea of introducing a new disease. The phenomena of this mingling had been common to him. In Chicago, malarial disease was the common form; typhus, when it did exist, was imported. In the progress of filling up the city, the malarious influence had gradually disappeared, and for ten years typhoid was gradually on the increase, owing to the peculiar water arrangements. After a time typhus had predominated. To him it was a surprise that any criticism should be made concerning the two diseases being present

at the same time. The sooner we recognize this capability for mingling, among diseases, the sooner will we clearly recognize and understand the mingling in this case.

Dr. Scott, of Ohio, said he had always lived in a malarious country, and recognized this complexity and union of diseases. Early, it was true, this mingling was not so pronounced, but as civilization advanced, it rapidly grew to be so. He thought these discussions were of use, because we do not understand the treatment of the affection. Quinine will not check it, although it can be used to check the malarious condition. He had seen scurvy, while in Nashville, in 1864, in connection with this disease, and he therefore agreed with Dr. Woodward.

Dr. Pepper said he feared the employment of specific terms in such cases, especially as it concerns young men, for it gives rise on their part to a lack of knowledge of the real danger present.

Dr. Reed, of Camden, objected to a term that signifies two specific affections.

On motion, the paper was referred to the Section for publication.

[We had a case of the above character, recently, wherein there was decided intermissions and sweats, with red, dry tongue. Quinine made no favorable impression after ten days' use, but rather irritated the stomach. The case yielded, after four days use, to Fluid Ex. Eucalyptus, ten drops every three hours. Suspended during the night, and the free use of lemonade allowed, the patient having a thirst for acids. W.]

TREATMENT OF COXALGIA.—Prof. Lewis A. Sayre, Reporter, then read a paper on this subject, which elicited considerable discussion. The following were the conclusions deduced from it:

1st. Morbus coxarius is a disease peculiar to early childhood, or the age of reckless indifference.

2. It is almost always of traumatic origin, and not necessarily connected with vitiated constitution.

3d. Rest and freedom from pressure of the parts involved, while at the same time the rest of the body is allowed free exercise in the open air, and a nutritious diet, is the best treatment yet devised.

4th. If this plan of treatment is adopted in the early stages, the majority of cases will recover, with nearly if not perfect motion, and without deformity.

5th. In the advanced second stage, when absorption cannot be produced, then it is better to puncture or aspirate the joint and remove its contents, than to leave it to rupture by ulceration.

6th. In the third stage, where the treatment here recommended has been properly applied without satisfactory improvement, but progressive caries continues, then exsection of the diseased bones is not only justifiable, but absolutely necessary.

7th. The operation of exsection of the hip is easily performed, and attended with no danger.

8th. After exsection of the hip-joint in cases of caries, the recovery is much more rapid and certain, and infinitely more perfect as to form, motion, and the usefulness of the joint and limb, than when left to the slow process of nature's exfoliation.—Med. Record.

ANÆSTHESIA.—Dr. Addinell Hewson, of Philadelphia, read a paper on "Anæsthesia, as produced by Nitrous Oxide and Rapid Breathing."

He stated the method had been suggested to him by W. G. Bonwell, a dentist of Philadelphia, and he had tried it

in a number of cases, in public and private practice, with varying but satisfactory results. The method pursued was to cause the patient to breathe from forty to fifty times in the minute, the effect of which in from three to five minutes was a tingling of the surface, with flush face. Consciousness remained unimpaired, and the patient would perform any act desired, but was rendered totally devoid of sensibility. This method would be advantageous for short minor operations, especially those about the nose, throat, etc. The process occupied a longer time in young people and in cold weather. He explained the theory of its action by the retention in the blood of carbonic acid.—Med. Rec.

INUNCTIONS IN SYPHILIS.—Inunctions are admitted by Fournier to be useful in the following cases:

1. In case of serious lesions, which it is necessary to act upon surely and rapidly.

2. In cases which are rebellious to other methods.

3. In cases in which mercury is not tolerated by the stomach.

There can be no question but that inunction is the method *par excellence* in iritis. Cases are not infrequently met where, the internal use of mercury having proved of no avail, the employment of inunctions is followed by a rapid and satisfactory result.—DR. HARLINGEN in Med. Times.

ANTIDOTE FOR CARBOLIC ACID.—As this acid is now so extensively used, it may be of some importance to make known the antidotes which have been proposed. M. Ferrand advises the following: white sugar, fifteen parts; water, forty parts; quicklime, five parts, forming a sacharate of lime.—Oregon Med. Journal.

AGENTS AFFECTING THE SECRETION OF THE BILE.—Professor Rutherford and M. Vignall have continued their observations on cholagogue drugs. They employed euonymin, sanguinarin, iridin, leptandrin, ipecacuanha, colocynth, and jalap. The animals used for experiment were invariably dogs, and each experiment lasted an entire day. The various substances were always injected directly into the duodenum. 1. In regard to euonymin, it was found that five grains mixed with boiling water powerfully stimulated the liver. It is an active purgative in the human subject. 2 In regard to sanguinarin, three grains, and one grain in two different experiments, mingled with a little bile, powerfully stimulated the liver, but rendered the bile more watery, though more biliary matter was secreted in a given time. The secretion of the intestinal glands was slightly increased. 3. In regard to iridin, five grains mixed with a little bile and water very powerfully stimulated the liver. It is not so powerful as large doses (four grains) of podophyllum, but it is more powerful than euonymin. Iridin is also a decided stimulant of the intestinal glands. 4. Leptandrin is a stimulant, but only a feeble one. 5. Ipecacuanha, when given in doses of sixty grains, powerfully stimulated the liver. Even three grains had an effect on a dog weighing seventeen pounds. The bile secreted was of normal composition, as regards the biliary matter proper. No purgative effect was produced, but there was an increased secretion of mucus in the small intestine. 6. Colocynth is a hepatic stimulant of considerable power. It renders the bile more watery, but nevertheless increases the secretion of biliary matter. It is also a powerful stimulant of the intestinal glands.

7. Lastly, the results of the experiments with jalap showed that the drug is a hepatic stimulant of considerable power. It renders the bile more watery, but at the same time increase the secretion of biliary matter. Its effect on the liver is, however, far less notable than its effects on the intestinal glands.—The Journal of Anatomy and Physiology.

THE BLUE LIGHT CURE.—It has been remarked that this is an age of progress and invention. The latest excitement in the way of remedial agents is what is termed as above. It consists in placing the patient in a position where the sun's rays, striking through blue glass, will fall upon the afflicted part. The most remarkably beneficial results are attributed to this novel treatment, and the numerous cures effected by it are beginning to attract the attention of the medical profession. Several hospitals are being fitted with blue glass window panes, which are arranged alternate with the white ones. It is not an unusual thing to see huge plates of blue glass displayed for sale in stores whose trade is other than in window glass. We presume that druggists will be obliged to go into this new "remedy," and get a stock of blue glass on hand, to supply the demand.—Drug. Advertiser.

HOW TO MAKE LEECHES BITE.—A Mr. James P. Myles, of Parsonstown (Dub. Med. Press and Circ.), has always made leeches bite by placing them in an apple properly hollowed out, and applying them over the part.

SULPHO CYANIDE OF POTASSUM, has the property of rendering old and faded letters legible. First make a solution in water and dip the letter into it, and while damp expose to the fumes of hot hydro chloric acid.

**THERMOMETRY IN DISEASES.**—We fear that too many practitioners are neglecting the use of the thermometer as a means of diagnosis and prognosis. The axilla is the best part for ascertaining the temperature of the body. The rectum is also a good part for determining the temperature. An increase of  $1^{\circ}$  of Fahr. corresponds with an increase in the pulse of ten beats per minute. The range of temperature in health is from  $97.92^{\circ}$  to  $99^{\circ}$ . In fevers the thermometer may mark  $106^{\circ}$   $108^{\circ}$  in the armpit. When it stands  $98.50^{\circ}$  it shows derangement of health. When it reaches  $101^{\circ}$ – $105^{\circ}$  the fever is severe: if above  $105^{\circ}$  the patient's condition is dangerous; with  $108^{\circ}$ – $109^{\circ}$  death will ensue in a short time.

In typhoid fever a temperature which does not exceed in the evening  $103.5^{\circ}$  indicates a mild course of fever.  $105^{\circ}$  in the evening and  $104^{\circ}$  in the forenoon indicates a protracted and dangerous case. In pneumonia  $104^{\circ}$  marks a severe attack—a like temperature in rheumatism is alarming. A falling temperature from evening to morning is favorable but the reverse is unfavorable.

**EAU DE COLOGNE AS AN ANÆSTHETIC.**—At a recent meeting of the Nice Society of Medicine, Dr. Hugues presented some observations upon the anæsthetic influence of Eau de Cologne, which he had recently noticed. In one instance, that of a young lady afflicted with tubercular consumption, and with whom injections of morphine and the use of chloral had failed to produce the desired repose, a friend suggested a trial of eau de cologne, which she had already used with success in similar circumstances on some twenty different occasions. An immediate experiment was made, by placing a handkerchief well mois-

tened with cologne under the nostrils of the invalid, who, in the space of seven minutes, sank into a profound slumber. The same experiment was repeated in other cases, with excellent results—*Med. and Surg. Reporter*,

THE INDIANAPOLIS SUN has taken high rank among the political newspapers of the country, and is edited with marked ability. It is fearless and candid in the discussion of leading questions of reform, especially in currency and finance. For terms see advertisement elsewhere.

**TYPGRAPHICAL ERRORS.**—We have carefully endeavored to avoid these, but in the hurry and confusion which exists in our large printing establishments such things must be expected occasionally. Several occurred in our last issue which we trust to the good sense of our readers to correct.

**TIEMANN & Co's NEW THERMOMETER.**—*GEO. TIEMANN & Co., 67 Chatham St., New York*, inventors and manufacturers of the thermometer represented above, claim for it:

1. The registering portion of index cannot be united with the main column of mercury in the bulb except by design. The device of the "band" fulfils the object of guarding against accidental loss of index.
2. The scale is graduated in  $\frac{1}{4}^{\circ}$ , and is identical in every respect with that of a four-inch thermometer, whereas the bent thermometer is less than  $3\frac{1}{4}$  inches in length.
3. The portion of the thermometer intervening between the bulb and the commencement of the scale lies in juxtaposition to the bulb, and the ascending mercury is therefore subjected to the warmth of the parts as well as the bulb, and is not exposed to external temperature.
4. It will not roll. The advantage of this latter feature will be readily recognized and appreciated.

The thermometers are safely carried in a neat morocco case (lancet case style), lined with velvet, and can be conveniently placed in the vest pocket, being but  $3\frac{1}{4}$  inches in length, and but  $\frac{1}{4}$  inch wide; price \$3.50.



## ACONITE IN HEADACHE.

Aconite is adapted to the treatment of congestive headaches attended with cold extremities. It acts by dilating the peripheral bloodvessels and thus relieves the cerebrum.

## CHLORAL HYDRATE IN TETANUS.

Cases of Tetanus treated successfully with the above agent are reported in the Journals. As recovery from this affection is extremely rare it is well to note the above fact. Very large doses are required. In one case the patient having suffered three days without any relief, and there being scarcely a ray of hope, ten grammes (150 grs.) of the remedy were thrown into the rectum. The patient obtained some sleep, and next day the dose was repeated—again followed by improvement. It was continued from day to day, both by mouth and rectum for ten or twelve days, until the patient was convalescent.

## PRESCRIPTIONS AND FORMULÆ

## VOMITING IN PREGNANCY.

For this troublesome affection a writer in Medical and Surgical Reporter states that he used the following remedy successfully for five years:

R—Pot. bromide.....dr. iij;  
Tinc. columbo.....dr. ij;  
Aquæ.....oz. ij. M.

S. Give a teaspoonful every three hours.

Dr. Chandler, in Louisville Medical News, submits the following:

## CHILL TONIC.

R—Chinoidine.....oz. ss;  
Subcarb iron. ....dr. ij;  
Aloes.....dr. ij;  
Capsicum.....dr. j;  
Fowler's solution.....fl. oz. j;  
Whisky.....oz. vij. M.

S. Take a tablespoonful three times a

day of the mixture, and continue for a fortnight.

## ATONIC DYSPEPSIA AND CARDIALGIA.

R—Yellow-root .....oz. ij;  
Nitrate of potash.....oz. j;  
Willow charcoal.....oz. ss.

M. Take a teaspoonful of the powder in half a glass of water before meals; also

R—Tinct. iron muriate.....oz. j;  
Tinct. nux vomica.....oz. j.

M. Ten to fifteen drops after meals. Regulate the quantity and quality of diet; prescribe hours of recreation, cheerful company at meals, and attempt to divert the mind of patient as much as possible from his malady during meals and the times of digestion.

## AMENORRHEA IN ANÆMIC SUBJECTS.

R—Sulph. iron.....dr. jss;  
Guaicum.....dr. ij;  
Myrrh.....dr. j;  
Gentian.....dr. ij;  
Aloes.....dr. ij;  
Blood-root.....dr. ss;  
Whisky.....pt. ij.

M. Dessertspoonful three times a day; also apiol drops every three or four hours during the expected menstrual period and for some few days previous. This, with warm coxæluvia morning and night to invite the menstrual molimen, will seldom disappoint the practitioner in its results.

## HOOPING COUGH.

R—Croton chloral hydrate...gr. xl;  
Tinct. belladonnæ.....fl. oz. ss;  
Syrup pruni virg ..... fl. oz. vss.

M. Teaspoonful three times a day for a child five years of age; to be increased or diminished with the exigencies of the case, the persistency of the attack, the age of the patient, etc.

## COMMON COUGH MIXTURE.

R—Morphiæ sulphatis.....gr. iij;  
 Acid hydrocyanici dil....fl. dr. ij;  
 Syr. pruni, virg.....fl. oz. vj.  
 M. S. Teaspoonful every four to six hours.

## FOR SCROFULA.

R—Indian hemp.....oz. j;  
 Sarsaparilla.....oz. j;  
 Burdock.....oz. j;  
 Poke-root.....dr. j.

Add half a gallon of water and reduce by boiling to about a pint; strain and add one pound of sugar; reduce to one pint and add

R—Iod. potass.....oz. ss;  
 Citrate iron.....oz. ss.

Of this mixture give a teaspoonful three times a day to a child ten or fifteen years of age.

## CATARRH OF THE BLADDER.

R—Acetate potash....dr. ijss;  
 Bromide potassium.....dr. ijss;  
 Tinct. hyoscyamus.....fl. oz. j;  
 Infus. buchu.....pt. j.  
 M. Dose, two ounces every three to six hours.

## CHRONIC RHEUMATISM.

R—Guaiacum .....oz. j;  
 Black cohosh.....dr. ij;  
 Blue cohosh.....dr. ij;  
 Rhubarb. ....dr. j;  
 Wine colchicum.....fl. oz. ij;  
 Iodi. potassium.....oz. ss;  
 Whisky .....pt. ij.  
 M. Dessertspoonful three times a day.  
 R—Camphor.....oz. j;  
 Chloral hydrate.....oz. ss;  
 Chloroform.....oz. jss;  
 Soap liniment.....oz. ijss.  
 M. Make a liniment. S. Use locally for the relief of pain.

## PRACTICAL NOTES.

GINGER BEER.—White sugar 5 lbs.; lemon juice 1 gill; honey  $\frac{1}{4}$  lb.; bruised ginger 5 ounces; water  $4\frac{1}{2}$  gallons. Boil the ginger 30 minutes in 3 quarts of the water; when cold put in the other ingredients and strain; add the white of an egg well beaten, with a teaspoonful of lemon essence. In four days bottle.—Scientific American.

SWOLLEN JOINTS FROM RHEUMATISM.—Dissolve  $\frac{1}{4}$  lb. of saltpetre in the smallest quantity of water possible and add alcohol in small quantities at a time until 1 pint is used, constantly stirring, otherwise the salt will be precipitated. Bathe the parts.

AN EXCELLENT sedative water for external application for bruises or aches is composed of ammonia 2 ozs.; tinct. camphor  $2\frac{1}{2}$  drachms; common salt 2 ozs., and water 2 pints. Mix and dissolve without heat.—Scientific Amer.

FOR BURNS apply cotton batting, or old, soft linnen, smeared in a mixture prepared by beating together the whites of eggs and melted lard, in the proportion of a tablespoonful lard to each egg.

FALLING HAIR.—Glycerin, and tinct. capsicum each 2 oz; oil bergomot 1 drachm; mix and perfume to suit. Dress the hair with this. Wash the head occasionally with soft water and fine soap.

LEMONS may be kept by varnishing them with a solution of shellac in alcohol.

A PINT of milk taken each night before going to bed, will fatten the leanest—it is said.

STOVE BLACKING.—Mix black lead well with white of eggs. Put on with paint brush and when dry polish with hard brush.



**TOOTHACHE.**—The pain is very often caused by acid saliva. When this is the case, pledgets of cotton soaked in a strong solution of bicarbonate of soda and water will give instant relief.

**DENTRIFIC.**—Castile soap  $\frac{1}{2}$  drachm; dissolved in alcohol 1 ounce; water  $\frac{3}{4}$  ounce; glycerine  $\frac{1}{4}$  ounce; color with cochineal and flavor with peppermint, winter green and clove oil.

**LIME WATER.**—Slake 4 oz. lime with a little distilled water, then add distilled water to make 1 gallon. Cover the vessel and set aside for 3 hours. Pour off the clear liquor for use.

**HYDRO BROMIC ETHER,** M. Rabuteau says, holds an intermediate place, as an anæsthetic, between chloroform, bromoform and ether. This is a new anæsthetic.

**FOR ITCHING CHILBLAINS.**—Oil turpentine 2 oz; camphor 3 drachms; oil cajuput 1 drachm. Mix and rub in with gentle friction.

**MUSCULAR RHEUMATISM** is said to be cured by one drop of liquor ammonia in a glass of water every two or three hours.

**ONE PINT** of mustard seed in a barrel of cider, after it has fermented, will keep it sweet. Bung the barrel tight.

**A GILL** of glue dissolved in water to which a tablespoonful of glycerine is added will stick leather, paper or wood

**COLOGNE WATER,** (*Nice Medical*), has been found by Dr. Hugues to induce anæsthesia in several cases.

**HARNES BLACKING.**—Dissolve 5 or 6 sticks of block sealing wax in a pint of alcohol.

**FOR CRACKED SKIN OF HANDS,** use spermaceti ointment.

**GASOLINE** forms a nice and efficacious application to extensive burns.

## SCIENTIFIC ITEMS.

It is interesting to see how the same idea under specifically different forms is represented in the animal kingdom in the different portions of the earth. Take the idea which finds its expression in the ox, for example. In Africa we find the ox in the form of the Cape buffalo, very ferocious, and horns of great width. In India the Arni, whose enormous horns are ten feet apart from tip to tip; in Tartary, the grunting cow or yak, which has a long mane upon the back and a tail something like a horse, and in western North America, the Buffalo, etc.—Pop. Science Monthly.

**THE TELEPHONE**—An apparatus for transmitting by telegraph the sounds of the human voice, was invented by Prof. Bell of Boston, and has, by recent experiment, over a distance of 18 miles, in the presence of an audience in Boston, been successfully tested; so that the prophetic question of Job, (chap. xxxviii, 35.), propounded about 1500 years before the Christian era, may now be affirmatively answered: "Canst thou send lightnings, that they may go, and say unto thee, Here we are?"

**A CHANGEABLE STAR.**—M. Klein has discovered that the star Ursæ Majoris in "the Dipper," the one of the two pointers nearest the Pole Star, shows a periodical change of color, presenting a number of shades between intense fiery red and yellow, the length of the period being thirty-five days.

**PLURAL BIRTHS.**—In the last ten years plural births have increased in Prussia from 114 in 10,000 to 123. Of these 99 per cent. were twins. Triplets were somewhat less than 1 per cent. In over 6,000,000 births there were 79 cases of four at a birth, and one case of five.

## Editorial and Miscellaneous.

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**All communications relating to the business of THE RECORD, for the year 1877, must be addressed to**  
DR. R. C. WORD,  
Business Manager, Southern Med. Rec.,  
Atlanta, Ga.

**Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.**

**Send money by check, postal order, or registered letter.**

**Write your name, post-office, county and State plainly.**

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### TO OUR SUBSCRIBERS.

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It is believed that not more than one physician in ten takes and pays for a medical journal. The result is that scarce one in ten keep pace with the progress of the profession, or contribute anything to its advancement. This is unfortunate and wrong. We, as journalists, are doing all that we can to induce the members of the profession to read, to improve themselves, and to push forward the car of medical progress. But we labor under the difficulty of not being able to see and talk with them personally. Appeals made through our journal they do not see, and circulars sent out are too often not read, or attract but transient notice. We believe that there are thousands of practitioners, who, if talked to, personally, in regard to the importance of medical journals and their duty to read and keep up with the advancement of the profession, could be readily induced to subscribe for the RECORD. We, therefore, again urge our subscribers, as we have often done before, to think of this matter, and aid us in extending our circulation. Every man has some friend or acquaintance whom he can influence to sub-

scribe. We earnestly request our friends to help us. We have certain improvements in contemplation for our journal which will accrue to the benefit of our readers, but we need a large list of subscribers to be able to accomplish them. Take hold then, friends, and work for us. It will help us, and enable us the better to serve you. It will benefit those whom you induce to subscribe. It will tend to elevate the profession, and will promote the public good.

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### PROFESSIONAL BROTHERHOOD.

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It is a matter to be regretted that there does not exist among medical men that degree of social feeling and brotherhood that may be seen amongst members of the legal profession, or other callings. This should not be so. Medical men in every community should foster and encourage a kindly and social feeling for each other. It is a mistake to suppose that one can the better promote his business interest by envy and opposition to business competitors. The opposite is true and in the end proves to be the best policy. Medical societies, by throwing physicians often together, are calculated to drive off jealousies and promote social feeling. We, therefore, recommend our medical brethren everywhere, whether in city, village, or country to organize medical societies; cultivate a feeling of professional regard and brotherhood; talk with each other; talk for each other, and work for each other, and you will find it best for yourselves, best for your patrons, and best for the profession at large.

## MEDICAL EXAMINING BOARD.

Complaints reach us that in many places druggists and drug clerks are prescribing for patients. It is not necessary for us to say that in the State of Georgia this is unlawful. They are not even authorized to sell drugs without license from the Examining Board of the State, and heavy penalties attach to the violation of this law. Doctors who hold diplomas from legitimate Institutions are authorized to practice and to sell drugs without license from the State Board. But practitioners not graduates, can neither sell drugs nor practice medicine in Georgia, without such license. Nor are certain old women and negroes, as is the case in this city, authorized to practice medicine. It is not, however, incumbent upon the Board to hunt up and prosecute these cases, but it is the duty of every good citizen to report such violations, and judges of courts should charge the juries in reference to this, as to other encroachments upon the laws of the State.

P.

## COUNTRY PHYSICIANS.

The SOUTHERN MEDICAL RECORD is in a very large degree sustained by country physicians. While it has been and will continue to be our aim to interest and benefit all classes of the profession, we confess to a peculiar pleasure in having obtained the good will and support of our brethren of the country. Many years of our early professional life was spent in the country, and we retain a feeling recollection of the trials and responsibilities of country practice. We sympathize with these brethren, we know their wants and shall labor to make our journal more and more the favorite of the country and village doctor.

We trust that they will appreciate our efforts, and will interest themselves in extending our circulation.

We hope, also, that they will write for our journal. We know that there are among them many intelligent thinkers and workers in the profession—men whose extraordinary success in the unassisted emergencies of country practice, proves them to be possessed of good common sense and fine practical judgment. Such men must have discovered in the varied experiences of country practice, many useful facts, which, if published, would add to the stock of our knowledge and promote the progress of medical science. We hope that such will write for our journal. We want brief, pointed and practical facts. Whether they be, or be not, elegantly expressed, is not material. Valuable formulæ and reports of cases illustrating the success of new agents and principles in practice are particularly desired. W.

## ARKANSAS STATE MEDICAL ASSOCIATION.

It would appear from a circular sent us by the Secretary of the *Arkansas State Medical Association*, that the American Medical Association, at its last meeting, excommunicated that body, recognizing in its stead a later organization known as the *State of Arkansas Medical Society*. From the vigor and earnestness with which the facts and grievances are set forth in this circular, it is evident that the controversy between the two Societies has become very animated and exciting.

If the statements contained in this circular can be satisfactorily established at the next meeting of the American Medical Association, thereby showing the grounds of their previous ruling to

have been unfounded, and their action hasty and unjust, it would seem incumbent upon that body to retrace its steps, and take such action as will be impartial, and in strict conformity with truth and justice.

**AMERICAN MEDICAL ASSOCIATION.**—The twenty-eighth Annual Session will be held in the city of Chicago, Ill., on Tuesday, June 5, 1877, in Farwell Hall, at 11 A.M.

The following Committees are expected to report:

On Influence of Climate on Pulmonary Diseases in Florida—Dr. E. T. Sabal, Fla., Chairman.

On Animal Vaccination—Dr. Henry A. Martin, Mass., Chairman.

On the Inheritance of Syphilis—Dr. J. W. Thompson, Ky., Chairman.

On Prize Essays—Dr. N. S. Davis, Ill., Chairman.

On Necrology—Dr. S. C. Chew, Md., Chairman.

On Catalogue of National Library—Dr. H. C. Wood, Pa., Chairman.

Practice of Medicine, Materia Medica, and Physiology—Dr. P. G. Robinson, St. Louis, Mo., Chairman.

Committee appointed to report to this Section: On Clinical Observations—Dr. N. S. Davis, Ill., Chairman.

Obstetrics and Diseases of Women and Children—Dr. James P. White, Buffalo, N. Y., Chairman.

Surgery and Anatomy—Dr. Moses Gunn, Chicago, Ill., Secretary.

Medical Jurisprudence, Chemistry, and Psychology—Dr. Eugene Grissom, Raleigh, N. C., Chairman.

State Medicine and Public Hygiene—Dr. Ezra M. Hunt, Metuchen, N. J., Chairman.

W. B. ATKINSON, M.D., Philadelphia, Permanent Secretary.

**THE EPIZOOTY** has again broke out among the horses in New York and Brooklyn, and this time with increased mortality. It will be remembered that when it occurred two years ago it was not attended with much fatality—that it spread rapidly from New York southward, and prevailed extensively in the Southern and Western States, affecting both man and beast. In the human subject it manifested itself in a form of influenza attended with sore throat, cough, etc., and was experienced in some degree by nearly everybody. It may be looked for again, and in, perhaps, more aggravated form. During its former prevalence we found the administration of quinine and the com. syrup of squills, with the solution of the chlorate of potassa as a gargle, to give the best results in treatment.

**BELLEVUE HOSPITAL MEDICAL COLLEGE.**—See advertisement of this excellent Institution.

**CINCHONIDIA.**—The recent extraordinary advance in the price of the Sulphate of Quinine

may make it necessary to fall back on the other preparations of bark. The Cinchonidia has acquired quite a reputation as an antiperiodic in malarial affections. See advertisement of this article by Powers & Weighman, whose establishment has been too long and favorably known to require commendation at our hands.

## PAMPHLETS RECEIVED.

**THE IMPORTANCE OF THE UTERINE EMB AS A FACTOR IN PELVIC SURGERY**, by HORATIO R. STORER, M.D., of Boston, U. S.; former Vice President of the American Medical Association, and member of the Medico-Chirurgical and Obstetrical Societies of Edinburgh.

This is an able and interesting paper which we hope to notice more fully hereafter.

**THE RELATIONS OF MEDICINE TO MODERN UNBELIEF:** A Valedictory Address by RICHARD O. COWLING, A.M., M.D., delivered at the Thirty-ninth Commencement of the University of Louisville.

**THE QUARTERLY JOURNAL OF INEBRIETY.**—The Secretary of the American Association for the cure of Inebriates, favors us with a copy of their journal containing many interesting articles relative to the abuse of alcohol and opium, with the transactions of the Association, and other contributions from leading Specialists in this new field. All communications for subscriptions, etc., should be addressed to T. D. Crothers, M. D. Secretary, Binghampton, N. Y.

We observe, in the opening article by Dr. Crothers, that he regards "Inebriety as a cerebro-psychal disorder, beginning obscurely, followed by complex perversions and degenerations, has a distinct duration, mortality and progress, which can be understood proportionately to the accuracy with which the history of each case is studied," etc. We regret we have not space to copy this valuable paper entire. We wish the Association success in its noble work.

**TURKISH BATHS.**—As matter of information and interest to any of our readers who may not be acquainted with the history and processes of the famous Turkish Bath, we publish an article on the subject in the present issue, by one, who, having long had the bath in successful operation in this city, is practically familiar with its details and effects.

WE INVITE attention to the advertisement of Geo. J. Howard, Druggist. Mr. Howard is a man of high integrity, and of well established business reputation in this city. We can with confidence and pleasure recommend his House to the patronage of our readers.

# THE SOUTHERN MEDICAL RECORD.

VOL. VII.

ATLANTA, GA., MAY 20, 1877.

No. 5.

THOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M.D.,  
R. C. WORD, M.D.,

} Editors.

R. C. WORD, Business Manager.

SUBSCRIPTION: TWO DOLLARS PER ANNUM, IN ADVANCE.

All communications, and letters on business connected with THE RECORD for 1877 must be addressed to the Business Manager.

## Original and Selected Articles.

### CASE OF CEREBRO SPINAL MENINGITIS.

By E. W. LANE, M. D., of Georgia.

Thinking it might interest some of your numerous readers, I send you report of a case of *cerebro spinal meningitis*, which occurred the latter part of August, 1876. My little son, aged 15 years, had, for two or three days, complained of soreness in his legs and arms, and was puffed about his eyes. The night previous to his attack, he was troubled with nightmare, and slept but little. At breakfast he ate but little, and complained of slight headache, but went to school as usual. About 3 o'clock P. M., my wife received a message that he was very sick, and went, with horse and buggy, to bring him home. She found him suffering with severe headache and high fever, with occasional spasmodic contractions of the upper extremities. Shortly after she got him home, I came

in, and found him convulsed—Opisthotonos well marked. I was not long in making out my diagnosis, and proceeded at once to combat the formidable enemy. As soon as his muscles were sufficiently relaxed, and he could swallow, I gave him xv grs. of calomel with j gr. of podophylin, shaved both temples and scarified them well, and applied cups until I drew about six ounces of blood. I then applied cold water to his head by pouring it from a pitcher held at one or two feet distant from his head, and suffering it to fall in a small stream, until several gallons had been poured on his head, when he expressed himself as feeling better. Soon after I stopped the water, his head began to get hot, and in a few minutes he had another convulsion. After it passed off, which was several minutes, I applied a mustard plaster about two inches wide over the whole length of the spinal column, and gave him 20 drops of Tincture Gelseminum

*Sempervirens*. In about half an hour afterwards, he had another convulsion, after which I gave him 30 drops more. In half an hour, he again had a slight convulsion. I repeated the dose by giving 40 drops more, and in about an hour his muscular system became perfectly relaxed, he perspired freely, and fell asleep. He slept about two hours, when he awoke with another convulsion, though not so bad as at first. I gave him 30 drops more, and continued to give it in 20 drop doses every two hours for about five days, during which time, whenever, by neglect, or forgetfulness, we would suffer him to come from under the influence of *Gelsemium*, the convulsive symptoms would return, but a single dose would allay them. I gave no other medicine. Gave an injection of soapsuds once daily to procure an action on his bowels, and occasionally would pour cold water on his head when it became very hot—frequently applied cold, wet cloths to his forehead. He was delirious four days and nights, talking foolishly; had to be watched to keep him on his bed. On the sixth day he began to show signs of returning reason, and on the seventh could answer questions and ask for water. He continued to mend slowly, and at the end of three weeks was convalescent, though very weak. His hair all fell out, but, by the aid of tonics, has recovered his health, grows finely, and his mind perfectly good.

[The above case is interesting as proving the great anti-spasmodic powers of *gelsemium*, and the safety with which under some circumstances large doses oft repeated may be borne. It is a fine febrifuge, and quinia will be well borne during the febrile exasubation if each dose be combined with ten or fifteen drops of the *gelsemium*.—EDS.]

## CONSTIPATION.

BY L. B. ANDERSON, of Va.

I have a venerable patient in his 87th year, who from early manhood has scarcely had an alvine evacuation oftener than once in fourteen days. He has enjoyed, nevertheless, remarkable exemption from disease. There is but little doubt, that his kidneys have performed for many years, more than their accustomed labor. And occasionally they have, within the last few years suffered from unusual irritation. His bladder also, has experienced the effect of the morbid secretion from the kidneys, to a considerable degree, within the last three years. During the past winter, and up to this time, he has suffered from a severe rheumatic affection of the hips, loins, bladder and spermatic cord. During this time he has taken large quantities of iodide and bromide of potassium, wine of colchicum, ipecac, cohosh, quinine, etc., and other agents occasionally having a decided cathartic tendency. But the habit of his life has not been broken, and only once in two weeks would he have an action of his bowels.

Some three weeks ago, I deemed it necessary, to relieve pain and cystic irritability at night, and thus procure rest, to give him at bed time, a pill composed of 1 grain of opium and 2 grains of gum camphor. In two days after he commenced their use, he had a free passage from his bowels, and had not, many days after, when I last saw him, failed to have a full evacuation every day, or at the most, every other day.

A very interesting and practical physiological and philosophical principle is involved in this fact, and I record it for the investigation and consideration of my medical brethren.

**GELSEMINUM SEMPERVIRENS,  
YELLOW GELS.**

(WILD WOODBINE.)

[Extract from the Manuscript of *Materia Medica* (by I. J. M. Goss, A. M., M. D., Marietta, Ga.,) to be published by Subscription, and now in press at St. Louis, Mo.]

**BOTANICAL DESCRIPTION.**—*Gelseminum* is the *Bignonia Sempervirens* of Linnæus, and the *Gelsimum Nitridum* of Michaux and Purch. It is an evergreen, having twining, smooth, glabrous stem, with opposite, perennial, lanceolate, entire leaves, which are dark green above, but pale beneath, standing on short petioles. The flowers are yellow, and of an agreeable odor, and stand on axillary peduncles; the calix is very small, with five sepals; the corolla is funnel-shaped, with a spreading border, and with five lobes, nearly equal; stamens five; pistils, two; capsules, two-celled, compressed, flat, two partible; seeds flat, and attached to the margin of the valves. The berries are black. It is a beautiful evergreen, climbing plants and trees to the height of fifty to one hundred feet. It has beautiful yellow flowers in spring and is often cultivated for its shade, and as an ornament. The root is the part used in medicine. It is several feet in length, with scattered fibres of various sizes. The medical virtues reside in the bark of the root.

**TOXICAL EFFECTS.**—In over-doses *Gelseminum* will produce great relaxation and prostration, and finally paralysis of all the voluntary muscles; and pushed still further, it will paralyze the involuntary muscles, and thereby produce death, which it has done frequently.

It first affects the muscles of the eye producing also dimness of sight; then affects the sphincter muscles; then the respiratory, and finally the heart.

In this stage the functions of the brain are not always abolished, but can be aroused by electricity and physical agitation of the body. In some cases, however, a deep stupor occurs, lasting until death or convalescence takes place. In some cases, when large doses have been taken, the brain becomes suddenly congested (from atony of the venous capillaries,) and a kind of apoplexy takes place. In this state life may often be saved by stimulants and galvanism freely applied to the spine.

**THE SPHERE OF ACTION.**—*Gelseminum* principally acts upon the motor side of the spinal cord, the brain and mucous membranes. The sensory nerves are not as profoundly affected by *Gelseminum* as by aconite. It will be seen at once that *Gelseminum* is a remedy for convulsions—first of the voluntary, then of the involuntary muscles. In chorea, hysteria, tetanus, puerperal spasms, and the spasms of all the hollow organs and also of the sphincter muscles *Gelseminum* will act promptly.

It is a valuable remedy in the hot stage of fevers of an active form. I had recently a case of remittent fever with dysentery, in a lady that was pregnant, and fearing to use quinia, I gave her *Gelseminum* in small, repeated doses, so as to keep up its effects, which checked the fever and aided very much in the treatment of the dysentery. In many local inflammations, especially where the mucous membranes are involved, I have found it a very valuable remedy, as in catarrhal affections. In hyperæsthesia and neuralgia it often gives relief promptly. In epidemic influenza, at any season of the year, where the attacks are attended with chilly sensations, a torpid, heavy sensation, with great aching of the back and

limbs, this will be found to be the remedy in the disease.

It is the remedy in febrile or inflammatory conditions, where the pulse is large, full and quick, but soft, and the febrile manifestations are remittent; but aconite in those forms of fever or inflammation, attended with a small, hard, wiry quick pulse; and veratrum in those cases attended with a hard, full, bounding incompressible pulse. For want of a knowledge of these facts, many practitioners meet with sad disappointment in the use of arterial sedatives, and become discouraged in their use. I was called in consultation with a physician, a short time since, to see a child that was laboring under an attack of broncho-pneumonia. The fever was high, with deep congestion of the lungs, with great dyspnoea; pulse quick, wiry, hard, small, evidently showing a want of power in the heart to propel the blood in volume; hence the increased rapidity of the heart's strokes. He at once proposed veratrum, but I preferred aconite in small doses; but in spite of all my arguments, he would give veratrum, and that in large doses—one drop every hour, to a child of some four or five years of age, of feeble stamina.

The result was, that after two or three doses the child began to sink. The veratrum produced violent vomiting, cold, clammy sweat, and prostration, from which it could not be aroused, but died in a short time.

In infantile remittents, when due to, or connected with the irritability consequent upon teething, worms, or intestinal irritation, or when caused by malarial influences, Gelsemium is one of our best remedies. It allays promptly the irritability, and controls the excited cir-

culatation, and finally breaks up the fever entirely.

In that peculiar form of irritative fever, which is caused by some local irritation, such as ulceration, suppuration, or the presence of some foreign body, there is no remedy that will as readily control this fever (after the cause is removed) as Gelsemium, given in small doses.

In cerebro-spinal Meningitis it is especially useful in the earlier stages, given in small doses.

In measles it is one of our best remedies, controlling very much the fever and the catarrhal symptoms, at the same time determining to the surface, and also preventing spasms, which often occur.

In nervous headache, or headache from repletion, or catarrhal headache, with a full, strong pulse, Gelsemium gives very prompt relief; so, also, in neuralgic headaches.

In ophthalmia, amaurosis and scleritis, it acts very favorable in the inflammatory stage. In spasms of the glottis, spasmodic croup and laryngismus stridulus, we have no better remedy. In dysentery of an acute character it is a favorite remedy with me. It controls the fever, lessens the tormina and tenesmus, and thus aids in the final cure of this disease. In rigid os uteri, in cases of labor, it acts very promptly; and where the patient is threatened with convulsions while in labor, if the pulse be large, soft, and the face puffed, Gelsemium, given in doses of fifteen drops every fifteen or twenty minutes, will often prevent the spasms.

In gonorrhœa, attended with high inflammation, this is the remedy *par excellence*, and often cures the disease without the aid of any other remedies.



In such cases it may be given in ten to fifteen drops every two hours; if the discharge is thick and yellow, the cannabis indica, oil of sandalwood, copabia, or cubebs, will be required. In spasmodic stricture of the urethra of a passive character, it will be found a good remedy.

Its powerfully relaxing effects point to it at once as a remedy in tetanus, either traumatic or idiopathic. It may be given in this disease in full doses—say twenty to thirty drops every two hours—until its relaxing effects are apparent. It will always cause double vision and fall of the eyelids before it dangerously affects the heart or other involuntary muscles, and should always be suspended when these effects are seen.

### THE SKIN.

From a Clinical Lecture by L. P. YANDELL, JR., M. D., Professor of Therapeutics and Clinical Medicine.

GENTLEMEN—The *vesiculæ* come next in the order adopted in the beginning of this course. A vesicle literally means a little bladder, and the vesicular skin diseases are those in which we find small elevations of the scarf-skin containing the watery portions of the blood, and constituting, in common parlance, little blebs or blisters. Under this head I shall describe the two forms of *miliaria* and the several varieties of *herpes*.

*Miliaria* (from *milium*, the millet seed) we find on the skins of persons confined to bed by febrile affections and especially where an excess of bed-clothing covers the patient. This is denominated *miliaria clinica*, or *sudamina alba*. The vesicles, from a pin's point to a pin's head in size, consist of tiny elevations of the epidermis, filled with translucent or transparent fluid, probably

confined perspiration. No medication is called for.

*Miliaria rubra* is a more important malady. It is true dermatitis—that is an inflammation of the skin. The suffix *rubra* (meaning red) is given it because of its color.

You are all familiar with *miliaria rubra* under the title of "prickly heat." Minute vesicles crowning small, pointed, red elevations, crowded together in flocks covering large extents of cuticle, most usual on the arms and neck, but found on all portions of the body, and occasionally covering the entire cuticle and characterized by burning, stinging, pricking sensations—such is *miliaria rubra*.

Where the eruption is aggravated by irritants, and when the blood is in a depraved condition, prickly heat may degenerate or augment into eczema, pustules, furuncles. This is a disease of hot weather, and is peculiar to no period of life or class in society. Negroes have it less than whites. Its exciting causes are excessive heat, either solar or artificial; wearing flannel, too frequent bathing, the use of strong soap; in children urinary and fecal discharges allowed to remain in contact with the skin. Its predisposing causes are any conditions depressing vitality. *Malaria* is by far the most frequent predisposing cause. Dyspepsia, diarrhea, dentition, and the use of alcoholic stimulants are common predisposing causes. Its treatment is simple. Proper clothing, proper bathing, proper food and drink, should first be secured. Next attend to functional disturbances. Apply to the skin astringent and anodine ointments, if the skin be tolerably dry; if it be decidedly moist, use astringent and anodyne pow-

ders, such as chalk or bismuth combined with tannin and morphia. Bathing in solutions of salt or soda sometimes cures the eruption. *Quinine* in anti-periodic doses is our best remedy in severe cases, and seldom fails to cure. Soda should be given when acidity of the skin or digestive organs is manifest. Iron and the bitters are often demanded, and obstinate and chronic cases yield to arsenic. Mercurial cathartics in children are frequently beneficial.

*Herpes* we next take up. The name is from a Greek word, meaning to creep. The following are its chief varieties: *Herpes zoster* or *zona*, *H. phlyctenodes*, *H. febrilis*, *H. circinatus*, *H. preputialis*, *H. capitis*, *H. generalis*, *H. pudendalis*, *H. nasalis*, *H. auris*, *H. labilis*.

*Herpes zoster*, called by English-speaking people "Shingles," and by the Germans "fire-girdle," is quite rare. It consists in an incomplete zone or girth occurring on the trunk between the axillæ and the umbilicus, composed of vesicles from the size of a hemp seed to that of a bean. The eruption begins as a red papule. The vesicles are in clusters or flocks, forming a band a few inches to a foot in width. The vesicles are transparent, translucent, or straw-colored. They are situated on an angry red base. In some instances the two ends of the zone are on a level, and in others one may be many inches higher than the other. The popular belief is that if the eruption ever meets around the body, death is certain; and the popular and most ancient remedy is the blood of a black cat's tail applied to the eruption. Both ideas are unfounded in fact. The vesicles may dry into a crust and disappear in six to twenty days, or ulceration with profuse suppuration may take place, or an abundant and prolong-

ed watery discharge may happen and the disease be indefinitely prolonged. Pain of two sorts may exist in connection with *herpes zoster*. It may be in the girdle, burning like fire, or stinging, or aching; or the pain may be only in the bones, and of a boring, aching character. The first usually ceases with the skin manifestation; the second may endure long after the eruption is gone. The etiology of this is often utterly obscure. It may be malarial, catarrhal, or rheumatic in its origin, and sometimes seems due to disease in the nerve centres. Many cases will disappear without treatment; most yield satisfactorily to proper remedies. Some are incurable. The indications for cure are to remove the cause, if this be practicable, and to relieve symptoms. Antiperiodics, tonics, anodyne, alteratives, are our most potent remedies.

I have encountered but one incurable case. The patient was a Prussian, seventy-six years old, in affluent circumstances, of splendid physique, and an enormous consumer of brandy, though never drunk. This was the first sickness of his life. The inflammatory pains in the skin and the neuralgic pains in the limbs, both were present in their most excruciating form. His case lasted nearly four months and was terminated by death from exhaustion. He got quinine, arsenic, iron, carbolic acid, the bisulphites, the iodides and bromides, mercury, the alkalies, cod-liver oil, sulphur, purgatives, strychnia and aconite without benefit. All the changes of hypodermic medication were rung on him with the result of only temporary relief. He took the various forms of opium, belladonna, Indian hemp, chloral and alcohol, etc. His pain seemed enhanced in intensity from week to week,

and he declared he suffered the tortures of the damned. During the latter portion of his life he was kept under the influence of alcohol or opium, which he consumed in immense quantities. These two agents gave him the most certain and most prolonged oblivion to pain. You have before you a perfect representation of all the varieties of herpes in the plates and models, which are correctly labeled. On the trunk you perceive the band of vesicles constituting zoster, and on the forehead the patch of vesicles called *herpes phlyctenodes*. You observe this herpes appears in isolated clusters and not in a band or zone. It is less formidable than zoster. Its etiology and treatment are that of "fire-girdle." *Herpes febrilis*, or fever-blisters, includes all the other herpes. They derive their names from their location or shape. When first formed these herpetic vesicles are observed to be divided into cells. They may dry up, suppurate, or remain long *in statu quo*. They may go and come in successive crops. They are of malarial origin most frequently. They are not infrequently of catarrhal origin—that is, from cold. Dyspepsia, dentition, and uterine derangements may give rise to these herpes; so may a decayed tooth.

*Herpes labialis* (fever blisters on the mouth) occasionally in this climate, in bad cases, and more frequently further South, swells the lip to three or four, or even ten times its normal size, and gives rise to exquisite pain. These blisters are first white and then yellow.

*H. capitis*, by matting the hair of the head and accumulating large crusts, is often vexatious to its possessor.

*H. circinatus* and *H. iris* are varieties of the same herpes, presenting rings of

little blisters. It is especially a disease of the aged. It is sometimes mistaken for ringworm.

*H. preputialis* and *pudendalis*, unless aggravated by acid discharges or harsh treatment, are in themselves most insignificant affairs. But, because of their location, they become, indirectly, most serious sores. *They are the doors by which syphilis most often enters the system.* Unbroken skin and sound mucus membrane are a cuirass, indeed a perfect defensive armor against syphilis. It is only when these coats are penetrated by inflammatory destruction, or by an abrasion, that the dread malady is dangerous by direct contact.

The treatment of the several varieties of herpes just considered is both simple and satisfactory. Remembering the causes I have enumerated, you are to discover and remove these if possible. Locally apply tannin and morphine in powder, solution, or ointment, as may seem indicated in each particular case. Use no soap on the eruptions. *Above all things, never burn them.* By the by, this herpes is seldom seen in its vesicular stage. When brought to our notice we usually see small yellowish or grayish ulcers—the basis of the blisters.

Quinine is by all odds our best and most certain cure for these herpetic manifestations. Iron is almost always needed. Arsenic is well in the chronic cases. Soda should be given when acidity of stomach exists, and opium when catarrhal fever is the source of the herpes.—*Cincinnati Medical News.*

[We have found a solution of tannin in glycerine gr. x to the ounce a good local application in these affections—Eds.]

## VERSION BY THE VERTEX IN SHOULDER PRESENTATIONS.

By WILLIAM H. BOLLING, M. D., Professor of Midwifery in Hospital College of Medicine Louisville, Ky.

About twenty years ago Dr. M. B. Wright, of Cincinnati, published an article advising version by the vertex in shoulder presentations by means of a method now known as Braxton Hicks', after a London physician who subsequently described the same operation, viz: "Previous to the rupture of the membranes, with one hand within the vagina to thrust up the shoulder, the external hand to push the head from the iliac region to center of superior strait, and then to allow nature to terminate the labor."

Some eight or nine years ago I was called to the assistance of a midwife, and found a poor woman suffering from protracted labor, the right hand of the now dead child protruding from the vulva, (the bones of the right arm were broken in many places by the efforts of the midwife to force a delivery,) the shoulder and portion of the chest external to the womb; the child's back was toward mother's abdomen, its head lying across the center of the left ilio-pectineal line; the uterus was acting violently, and the mother was much exhausted. I brought her well under the influence of chloroform, and by its relaxing effect was enabled without effort to return the protruded parts within the uterus; my external hand through the flaccid abdominal and uterine walls readily recognized the head, and forced it down to take the place of the receding shoulder; in a few moments uterine contraction completed the labor naturally. The woman made a good recovery.

On the night of March 9th, I was again summoned to the assistance of a midwife, and found a woman exhausted from a prolonged labor. The left hand of the almost lifeless child protruded from the vulva; the shoulder and portion of the chest tightly grasped by the os uteri, which from its irritable condition seemed in a state of almost continuous contraction; the back of child was toward the mother's abdomen, the head across the center of right ilio-pectineal line. I brought the woman profoundly under the influence of chloroform, and *without violence* returned the extruded parts, and moved the shoulder sufficiently high to allow me with my external hand to press the occiput from its abnormal position to a point opposite the right acetabulum, my internal hand securing the proper flexion. The labor then progressed as if the case had originally been one of the second position of the vertex. The child, although with difficulty resuscitated at birth, is now doing well, as is also its mother.

My object in citing the above cases is to call attention to the feasibility of version by the vertex even under the most unfavorable conditions. My success in this limited number of such advanced cases prompts me to believe that the time has arrived when version by the feet, at least in shoulder presentations, should be regarded as an unwarranted operation, as it certainly is a dangerous one to both mother and child. *Previous to the rupture of the membranes* rectifying a transverse presentation is comparatively a simple matter when we follow Dr. Wright's plan, and in addition gain the assistance of gravity by placing the woman in the knee-and-chest position, as is done in prolapsus of the cord.

## THE INDICATIONS AFFORDED BY THE PUPIL.

Numerous and valuable as are the indications furnished by the pupil, its condition does not receive from many the attention it demands. Most of us have certain vague notions on the subject, and all are aware that the pupil is liable to alterations in certain diseases. But a systematic arrangement of its deviations from the normal standard, with explanations of their causation, is still a desideratum. The subject is one of great intricacy, for the behavior of the pupil is sometimes paradoxical, and frequently it is difficult of explanation.

The small pupil of plethora and the dilated pupil of anæmia are constantly impressed on our notice, and appear to find simple and sufficient explanation in the fulness of the vessels and the quality of the blood. If we purge the plethoric patient, his pupils enlarge; and we estimate the anæmic patient's progress towards recovery by the diminution in the size of his pupils. Apart from general constitutional states on which it may depend, a contracted pupil indicates cerebral hyperæmia, whilst a dilated pupil affords the most valuable sign of cerebral anæmia. Thus the small pupil of the "ferret eye" of typhus is aid to diagnosis and a good indication of the engorgement of the encephalic centres. Again, contrast the small pupil of mitral regurgitation with the dilated pupil of aortic insufficiency. In the various affections in which pulmonary circulation is embarrassed, the small pupil attracts attention no less than the lividity of the lips and the turgescence of the cheeks. So much is myosis an indication of venous engorgement in capillary bronchitis, pulmonary œdema, and the like, that the degree of the one may be esti-

mated by the degree of the other, and it is observed that, if the livid patient with contracted pupil be bled, the pupil dilates as the blood flows. As a rule, the condition of the pupil may be taken to indicate the state of the circulation, perhaps more in relation to fulness of the vessels than to actual blood-pressure; some of the observations, however, on this point appear contradictory and require investigation.

In connection with nervous affections, the pupil has long engaged attention, and the older physicians carefully noted its behavior in certain cases. In the various forms of meningitis and cerebritis, where there are signs of cerebral excitement, the pupil is small. But as stupor supervenes on excitement, the pupils become oscillating and dilated; and if this passes into profound coma, they are found widely dilated and immobile. In epilepsy, too, the different stages of the paroxysm, and the condition of the circulation which accompanies or causes them, find an exponent in the state of the pupil. A transitory dilation of the pupil is amongst the most valuable signs of an attack of *petit mal*. Again, in distinguishing between feigned and real convulsive seizures, the pupil serves the physician as a valuable guide. In the apoplectic patient, pinhole pupils enable the physician to locate the hæmorrhage in the pons Varolii; whilst great dilation of one pupil occurring coincidentally with hemiplegia of the opposite side is an indication of a lesion of the crus cerebri of the same side as that on which the eye is affected.

In aneurism of the aorta, the attention of the physician is sometimes first directed to the patient's malady by a difference in the pupils. In some diseases of the spinal cord—in locomotor ataxia especially—the pupils are almost habitually contracted.—*Med. Ex.*

## TREATMENT OF CARBUNCLE.

BY J. H. DIBRELL, JR., M. D., of Little Rock, Arkansas.

The use of collodion, in conjunction with carbolic acid, has yielded, in my practice, and in that of several medical friends whom I have requested to try it, such satisfactory, and it is believed unusual, results, as to induce the belief in its superiority over other modes of treatment.

Carbolic acid, in this affection, has been recommended by several writers, with much favor, one of whom claims to have aborted the disease by the early hypodermic use of the acid, in a case that promised to assume formidable proportions. My plan is as follows:—When the carbuncle is seen early, to puncture it, and with a camels hair pencil, or small pointed stick, introduce into the opening thus made the pure and undiluted acid. If the disease has made greater progress, and one or more small acne-like pustules have made their appearance on the tumor, these are carefully opened, which can be done without causing pain, and the acid introduced at each opening, as before indicated. The effect of the acid when first applied, especially if it touch a denuded surface, is to produce a sharp, stinging pain, which is, however, of but momentary duration. The next effect is local anæsthesia, and the patient is, for a time, perhaps hours, free from pain.

Carbolic acid possessing in a notable degree anæsthetic, antiseptic and caustic properties, would seem to be peculiarly adapted to the treatment of the disease under consideration, which is usually attended with great pain, sloughing, and an intolerable odor. Its use in my

hands has certainly seemed to diminish the pain, correct the odor and to arrest the sloughing process with much promptitude.

After the acid has been applied collodion should be several times painted over the carbuncle, and beyond it, a few lines, on the uninflamed skin. *All the openings are to be left free*, in order to give egress to discharges. Each layer or film of the collodion should be allowed to dry before another is put on. This dressing may be renewed once daily, and the collodion previously applied, if partially detached, should be peeled off before a new application is made. If the part on which the carbuncle makes its appearance be covered with hair, this should be cleanly shaved off, otherwise the collodion will be difficult to remove and at the same time cause considerable pain.

It is interesting to watch the collodion as it contracts upon the diseased tissues. The skin, previously red and swollen, will in a few minutes be seen, through the transparent gun cotton, to have become pale and depressed, as the pressure gradually empties the engorged capillaries. If the disease is advanced, and sloughs have become partly separated, they are not unfrequently forced out or brought so near the openings as to be readily detached with scissors. This pressure does not give rise to pain, but on the contrary, generally affords much relief to the suffering patient. The application of collodion in this disease has other advantages. It limits the extent of the disease in decreasing the vascularity of the part, and in this way lessens the inflammatory action going on, and probably also prevents the absorption of pus. It also protects the surrounding

skin from contact with the discharges which, as is well known, is capable of producing, if not an extension of the disease, numerous small boils, which are of themselves an exceedingly annoying complication. Should however any such pustules or boils be formed in the course of the disease, they can be cut short by touching them with carbolic acid. After the carbuncle has been treated with the acid and collodion, it should be protected from contact with the clothing, by covering it over with a piece of old linen or cotton cloth, saturated with sweet oil, or spread with carbolic acid cerate.—*Medical and Surgical Reporter.*

#### TREATMENT OF PUERPERAL ECLAMPSIA.

Smith Baker, M. D., of Whitesboro, N. Y., in *Chicago Medical Journal and Examiner*, says:

"At a preliminary examination, to be held from two to four weeks before the expected labor, determine so far as possible whether there be (a) hyperæmia; if so, prescribe a low diet, saline cathartics, and potassic bromide thrice daily; (b) if there be anæmia, order a good diet, tr. ferri chlor. after meals, and an aperient pill at bed-time, if necessary; (c) if œdema or albuminuria exist, these will need the exhibition of tr. ferri chlor. with meals, and potassic iodide between meals and at bed-time; (d) headache, malaise, irritability, etc.; for these remove the cause, if possible, and if necessary, give sufficient opiate to effect relief.

"During labor, if convulsions occur, seek out the special conditions of the patient, and act as indicated. A full, strong, bounding pulse, and a bright-

colored mucous membrane will require venesection carried to the extent of securing its sedative effect, a half-drachm dose of chloral per mouth or rectum, means for inducing a movement of the bowels, and a free perspiration, relief of the bladder if distended, and the exhibition of chloroform for anticipating and controlling the convulsions. A feeble pulse, pale membranes, and œdema will, as a rule, require or permit an active cathartic only, and chloral and chloroform. If the convulsions recur—unless it be previous to the seventh month, when repeated hypodermic injections of morphine should be given, and the labor left to nature for a longer time—proceed quickly but gently to dilate the os uteri by means of tents and Barnes' dilators, puncture the membranes, excite uterine contractions by means of warm uterine douche and ergot, and deliver as soon as possible.

"After the delivery is accomplished let the uterine hemorrhage proceed moderately, inject hypodermically one sixth to one quarter grain of morphia, and give broths and stimulants as required; exercise extreme care about the after attentions, as bathing, etc., and prohibit and prevent all disturbances by friends or otherwise.

"In fine, by food, tonics, and stimulants, by purging, bleeding, or sweating, by quietness or delivering, by opium, bromides, chloral, and chloroform, each in its time to suit the peculiar circumstances of individual cases, and guided by judgment unobscured by theories, we may be more successful than hitherto at the bedside of our patients with puerperal eclampsia."—*Louisville Medical News.*

## PHYSIOLOGICAL EFFECTS OF QUINIA.

Dr. E. L. Drake, of Fayetteville, Tenn., has published in the *Medical and Surgical Reporter* some of his experience and conclusions respecting the physiological action of quinia, which, as they appear to be somewhat different from those commonly attributed to cinchona, may be worth recording in the *Circular*.

He says, at least three different physiological effects can be obtained from this drug. In doses up to two grains it is a tonic; from this to five grains it is a stimulant, and from this to ten grains or more it is a diaphoretic relaxant and calmative—a febrifuge. The amount of twenty-four grains distributed over twenty-four hours may have some antiperiodic effect in a mild type of ague, but will prove very disagreeable to the patient, on account of chinchonism. If he has any headache, it will aggravate this symptom. If this amount be divided into three doses and taken within four hours, at any time after a pyrexia has reached its height, say after 4 P. M., the toxic effect will be apparent in the relaxation and diaphoresis; the patient will be drunk. A half pint of whisky can be taken in small doses during a day without inducing intoxication; yet, if it is all taken in the course of two or three hours, an individual will be apt to exhibit strong evidence of being in this state. So with chloroform and ether. I once treated a pregnant woman who was within a month of term, and suffering from remittent fever, by timidly giving less than five grain doses every three hours; by the time the third dose was taken uterine pains set in, which soon became expulsive, and forced the child out with a good deal of laceration of the

os, although the membranes were not ruptured until the last moment. The contractions were as severe as any I ever saw from ergot, leaving no doubt as to the part the quinine was playing, except as to the provocation. I could not say that it started the pains, yet I am sure that it intensified them in the most fearful manner. In using quinine subsequently with pregnant women, I never gave less than twenty or thirty grains in the space of four or five hours, and never had any unpleasant effects. In malarial regions it is rather common for women to have pains for months before term, which I have found to yield to large doses of quinine, on the theory that there is a congestion of the womb, and that this agent reduces congestion, especially in the soft and spongy tissues in any part of the body, and in any disease, and does not act antidotally in the usual sense. I make it a rule never to give quinine in the forenoon, always giving it at night, to the amount of not less than twenty-five grains, conjoined with an opiate, and am nearly certain of getting a good diaphoretic effect, which will be apt to extend through the succeeding day. In all the pyrexia of this region I prescribe it the first visit, and frequently have the satisfaction of aborting a case of pneumonia, or making its subsequent course manageable. In the pneumonias of the middle-aged, who are so liable to overwhelming congestions of the lungs, it is the sheet anchor, given in large doses at the outset.—*Druggists' Circular*.

## OPHTHALMOLOGY.

### MODIFIED OPERATION FOR CATARACT.

M. Galezowski, at the recent meeting of the French Association for the Ad-



vancement of Science, described an operation for cataract, which he had devised. At the present time, he said, "every surgeon endeavors to modify Graefe's operation, which is at present almost abandoned." He described the modifications he had adopted; he does not make the sclerotic puncture and counter puncture, but restricts the incision to the limits of the cornea; he abandons the linear method, and substitutes for it an incision at the lower portion of the cornea, making a small flap. He also excises the lower portion of the iris, though the deformity of the pupil is then more observable, but this, he thinks, will be but a slight inconvenience to those who desire one thing, the restoration of sight. M. G. attributes to this inferior excision, the great success he has obtained, which is at present 100 per cent. Of 67 operations performed in the city, he has not failed in a single instance. By his method, after the first steps of the operation the eye is free in its motions, especially after the removal of the lens, and to this M. G. attributes the rarity of the loss of the vitreous. Another modification, which he considers not less important, consists in the abandonment of the use of cystitome for the division of the capsule, and effecting this with Graefe's knife. As soon as the puncture is made the point of the knife is directed to the lens, and the capsule may be divided easily; after the counter puncture is effected the flap is made. Latterly, instead of excising the iris he has made a simple incision of the sphincter pupillæ with very satisfactory results, but he has not determined to adopt this definitely. The statistics given to show the value of his method were as follows: Of 385 operations, 67 were performed in private practice, of

which last all were successful. Of 322 operated on at his clinic, 288 were successful.—*Revue Scientifique*, August 26, 1876.

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## Abstracts and Gleanings.

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THE METHOD OF TAXIS.—Dr. Dugas, in the New Orleans *Medical and Surgical Journal*, remarks:

The patient should be placed upon a couch of such elevation that the surgeon comfortably seated, may reach the tumor with the right hand without fatigue. The shoulders of the patient should be moderately elevated upon pillows, so as to insure a semi-flexed position of the trunk, while the knees and thighs are also semi-flexed. We have then a complete relaxation of all the muscles interested. The tumor is then grasped with the fingers and thumb in such a manner as to make gentle compression and motion in every direction, for the purpose of driving out of the intestinal noose the grass and liquids it may contain, and thereby reducing the size of the tumor. No violence should be used, and therefore no pain be induced. The surgeon must be well armed with patience, and with the conviction that the reduction can be made neither by violence nor by haste. The patient should be especially directed to be entirely passive, and to avoid any contraction of the abdominal muscles, or expulsive efforts. After fruitless efforts have been continued fifteen minutes the surgeon may need rest, and he may invoke the aid of the patient, inasmuch as most of them have acquired some experience by reducing former decents without professional aid. The patient should then be asked to try his own method while the surgeon is at rest

and the result will often be successful. You will find that the patient never gives himself any pain, and usually resorts to gentle motion, back and forth of the tumor. If he fail, a chair should be turned down on his bed in such a manner as to constitute an inclined plane, upon which he should be placed, with his head down, and his pelvis at the highest point. The legs should be flexed, and supported by an assistant. By this position, the gravitation of the abdominal contents will powerfully assist, and sometimes complete the reduction in ten or fifteen minutes. The surgeon should hold up the tumor, move it to and fro, and by pressure from above downward, endeavor to drag the intestines away from the constricted canal. If he fail, let the patient try again.

By repeated and persevering attempts success will most certainly be secured. It is singular that so obvious a procedure as placing the patient upon an inclined plane should not oftener be advised by systematic writers. If any have recommended it, the fact has escaped my observation.

**XANTHIUM STRUMARIUM, OR COCKLE-BUR.**—Dr. Kilpatrick, (*in Trans Texas State Medical Association*,) says of the ordinary cockle-bur weed:

"It is a prompt and speedy *vesicant*, and if the leaves are rubbed a little on the skin, there follows a very unpleasant burning sensation, with redness. In order to obtain its vesicant effect, take enough of the leaves, or of the whole plant, mash into a pulp and apply to whatever part you desire to vesicate, and in a short time a good blister will be made.

As an antidote for *snake bite*, you may apply the juice of the plant to the bite and also drink a tea made of the leaves

by boiling them in water. Bites of spiders, tarantulas, and centipedes, or any insect, are rendered innocuous by its use in the same way. As a *styptic* to fresh cuts, it is as good as many other of our remedies. To arrest hemorrhage from the uterus, lungs or stomach, the expressed juice applied topically, or drank, acts well and promptly, unless there is a decided hemorrhagic diathesis in the patient. This fact has been announced before this Association on a former occasion, and I have tested it by careful trial.

In all affections of the *kidneys*, or *bladder*; in dysury, strangury, scalding urine, bearing down, and painful micturition, or where there is phosphatic, or other urinary deposit, they are all amenable to its beneficial influence. Take a handful of the leaves, green or cured, and put them in a quart of boiling water and when a decoction is prepared, drink a half cupful, or more, every half hour or hour, until relieved. Generally not more than three draughts are required. I will suggest further, that a tincture of the leaves may be used with the same happy results. In order to secure its full power, the tincture had best be made from the green leaves.

**SUB-ACUTE RHEUMATIC ARTHRITIS.**—Dr. J. S. Davis, (*in Medical and Surgical Reporter*,) says of this affection:

The treatment must aim to remove or abate the systemic vice which gives rise to the disease. Gradually, and with much hesitation, I have been led to look upon the iodide of iron as almost a specific for this purpose. The form in which I prefer to use it in these cases is in pills, made according to the formula of the United States Pharmacopœia for 1851, as follows:

R. Ferri sulphat.....dr. j ;  
 Potass. iodid.....scr. iv ;  
 Tragacanth pulv.....gr. x ;  
 Sacch. pulv.....dr. ss ;  
 Syrup.....q.s. M.

Ft. mass., et in pil. No. xl div.

Two or three of these pills may be given after each meal. The iodide of potash has not, with me, proved nearly so efficacious in these cases as this preparation, nor have other forms of the iodide of iron. I always have the pills freshly prepared when wanted, and whether it is owing to this fact, or to the presence of sulphate of potash with iodide of iron, resulting from the double decomposition, or to some other cause, I cannot tell, but I have rarely met with a case of subacute rheumatic arthritis which was not arrested by this treatment if used in the early stages.

When the pain is very troublesome the following liniment will often be found to give great relief.

R. Tinct. iod.....  
 Glycerin.....aa. ....oz. j ;  
 Linim. sapon. camph.oz. ij. M.

It is to be borne in mind that nearly every case of this affection is anæmic. Frequently they have the appearance of plethora, but a close observation will almost invariably prove that appearance to be deceptive. This deceptive appearance is generally caused by a fatty deposit, by no means indicative of a healthy state of the blood.

**TYPHOID FEVER, HOW PRODUCED.**—Dr. Simmons, (surgeon to Ken Hospital Yokohama, Japan,) having traced a large number of typhoid cases to parties who used water from the same well in a certain locality, upon investigation elicited the following facts :

1st. That the well in question was fed by a terminal pipe.

2d. That this pipe passed directly through the middle (transversely) of a large sewer.

3. That this pipe was of wood.

4th. That no other well received its supply from this pipe after passing through the sewer.

Taking it for granted that this was the source of the disease, this last fact clearly accounted for the limitation of it to the station, as previous inquiries in the vicinity had failed to discover any cases among those who received their water supply from other wells.

An order was issued to close the well in the station, and open the sewer at the point where the water-pipe crossed it. As was anticipated this was found decayed, and a greater or less exchange of the contents of the two systems going on, and thus was settled beyond a question the source from which the well was contaminated. If any other proof is required as regards this point, we have it in the complete arrest of the disease when this communication was rendered impossible by passing the pipe over the sewer.

**INTRA-UTERINE INJECTIONS NOT SAFE.**—Dr. Wooten, in report before the Texas Medical Association, says that uterine injections incautiously used are unsafe. He prefers introducing a sponge tent, well prepared, in the evening and removing it next morning, carefully cleansing the parts and applying chromic acid by means of a properly curved probe, wrapped with cotton, and dipped into a solution of the acid of the strength of dr. j. to oz. j. of water. This should be brought in contact with the entire diseased surface, any excess carefully sponged away, and a dressing of cotton soaked in glycerine applied to the parts.

**EXTRACT OF LOGWOOD AS A DISINFECTANT.**—For twelve years I have used Extract of Logwood as a disinfectant and deodorizer in cancer. I use it in the following manner:—Powdered logwood and hog's lard, of each two ounces. To be mixed and made into a pomade, spread on lint and applied to the sloughing ulcer; the effect is magical, all the odor will disappear in half an hour. The astringency of the logwood will suppress the discharge. No other known agent will fill the indications so well, and yet I have not found a single member of the profession who had any knowledge of the agent until I suggested it. Will some of your numerous readers give it a trial and report the results. —*Drug. Ad.*

**SAGE'S CATARRH REMEDY.**—According to Adrian Bowers, in the *American Journal of Pharmacy*, this popular nostrum may be reproduced very nearly by employing the following formula and manipulation:

Take of hydrastis canadensis in powder.....gr. v.  
Indigo .....gr. ss.  
Powdered camphor..... .gr. ij.  
Carbolic acid.....gr. ij.  
Sodium Chloride.....gr. l.

Rub the camphor with the salt, previously reduced to a moderately fine powder; rub the indigo and carbolic acid together; mix with the salt and camphor, and, lastly, add the hydrastis, and mix intimately in a mortar, without much pressure.

**BRIGHT'S DISEASE—NEW DIAGNOSTIC SYMPTOM.**—In an article on Bright's disease (in *New York Medical Record*,) a peculiar diagnostic sign is mentioned of the disease, which it is well to note, to wit: An "unmeaning stare" in the pa-

tient's eyes, this with a dullness and sluggishness of the pupil, well dilated, with the presence of moderate œdema of the feet and ankles, persistent headache, occasional attacks of nausea, steady loss of flesh and strength, urine albuminous, with a specific gravity of 1010, constitute an unmistakable array of symptoms of chronic Bright's Disease.

**Treatment:** Make the diet as little nitrogenous as possible. Use milk freely with iron and cod liver oil. The iron may best be given as in the following formula:

R. Tinc. ferri muriatis...  
Tinc. nucis vom...aa.gtt. x;  
Speritus etheris nitras.dr. j. M.  
Give three times a day.

**A SECRET REMEDY FOR ASTHMA.**—A writer in the *Peninsular Jour. of Med.* says an analysis of "Langell's Asthma Remedy" shows that it is a mixture of ten or twelve parts of coarsely powdered belladonna leaves with one part of nitrate of potassium dried together. The packages contained about two ounces, and were priced at \$1.25 each. On igniting a portion on a plate, combustion takes place slowly and the fumes are inhaled. It is said to give prompt relief, is much asked for, and can be sold in quantities for about a half dollar a pound.—*New Remedies.*

**BROMHYDRATE OF CICUTINE.**—Dr. G. H. Boyland, of Baltimore, draws attention to this new principle. It is the alkaloid of the herba cicuta from the conium maculatum. It is strongly alkali, of clear water color in the fresh condition, and soluble in water and alcohol. Dose one one-hundredth to one-fiftieth of a grain. It is not disagreeable in taste, is narcotic in property, bearing the same relation to conium that atropia bears to belladonna.

**TREATMENT OF PLACENTA PRÆVIA.**—Dr. R. Davis, of Wilkesbarre, in his address on Obstetrics before the Medical Society of the State of Pennsylvania, in May last advocates the following plan of treatment of placenta prævia, which is a material modification of Barnes' operation: As soon as the os uteri will admit two or three fingers, pass the hand into the vagina. Ascertain by sweeping the finger around between the placenta and uterus (without disturbing their connections) on what side the separation of the placenta is most extensive. That will always be the side of the least extensive attachments. Introduce two or three fingers, on that side, up between the placenta and uterus until the border of the placenta, where the membranes begin, is reached, severing the attachments as you go, if any remain; then hook the fingers over the border and draw the placenta forcibly down and pack it closely to the other side. The membranes will of course, come down with it, and will protrude through the open mouth of the womb. Rupture the membranes at once, and empty the womb of its waters as thoroughly as possible. The head, if it presents, and if pains are active, will now engage in the os, and will crowd the placenta to the side of the cervix, on one side, and will block up the open mouths of the vessels upon the recent seat of the placenta on the other, *and the hemorrhage will cease.* In every case in which I have resorted to this procedure, such has been the happy result, and I have been left free either to allow the labor to end naturally or to end it myself by the forceps.—*Amer. Jour. Med. Science.*

**COLD BATHS IN INFANTILE DIARRHŒA.**  
—Dr. Wocke contributes an article to

the *Medizinskoie obosrenie*, in which he refers to the terrible epidemics of diarrhœa which prevail in summer, and which attack with especial severity those infants which are artificially nourished. The epidemic is due in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. To eliminate the first cause, the author recommends cold bathing, from theoretical considerations. The result has been very happy. The wasting children, reduced by vomiting and diarrhœa to a deplorable condition, were as if regenerated by the second day after the baths were commenced. The immovable look and the restlessness disappeared; sleep was restored, the appetite increased, and the diarrhœa diminished. The cold bath acts on the child as a tonic, and enables it to resist the noxious influences, and internal remedies then exert a better influence. Dr. Wocke commences his treatment with cold douches to the head and stomach, then passes to baths, commencing at a temperature of 26° C. and reducing them to 22°. A lower temperature might prove injurious. Three baths a day are sufficient. The author has cured about one hundred cases by this method.—*Lo Sperimentale*, No. 10, 1876.

**DEEP INJECTION OF CHLOROFORM IN SCIATICA.**—It must be set down as one of the unquestionable evidences of progress in the profession that sciatica, hitherto regarded as among the opprobria medicorum, may be permanently relieved by hypodermic use of chloroform. Dr. L. J. Collins reports an interesting case in Cincinnati *Clinic* of January, relieved by this method. He remarks

that, "the pain seemed to originate at a point directly over the sacro-sciatic foramen, and shooting downward, in the course of the great nerve, to the knee. He seemed to be suffering intensely. After filling my hypodermic syringe with chloroform (about forty minims), I passed the needle its full length into the gluteus muscle, over the point of the emergence of the great nerve from the sacro-sciatic foramen, and injected slowly. He suffered no pain from the injection for some minutes, and then only a dull, aching sensation occurred at the site of injection. In one-half hour his neuralgia had entirely disappeared, and he has had no recurrence since to the present writing. But he called my attention, two days afterward, to a considerable swelling at the site of the chloroform injection; this, however, subsided in three or four days, without any tendency to the formation of an abscess. This I considered a typical case, and one that would well test the merits of chloroform in its treatment. This is the fourth patient upon whom I have used the deep injection of chloroform for the relief of sciatica, and with entire success."

**SIMPLE MEANS TO LESSEN THE PAIN OF A BLISTER.**—The practice of applying multiple blisters, in acute rheumatism, would everywhere be much more popular with physicians, were it not for the pain, and, in certain cases, the strangury which this mode of treatment produces.

To lessen the one and prevent the other, M. Ernest Besnier proposes the following plan: Have care to apply the blisters early in the morning; these properly prepared, covered with a leaf of oiled Joseph paper, will cause very little pain, and never produce the some-

times grave and always painful vesical and renal symptoms which might otherwise occur, provided that the blisters are removed after a few hours, five or six at most, or as soon as the epidermis commences to lift itself lightly and partially, which one can easily tell by the ivory-colored and wrinkled appearance of the skin. It is then time to remove the plaster, which should be replaced by blotting paper, saturated with cerate or cold cream. The vesication then continues almost painless, and the blister is almost as large as if the application of the cantharides had been continued.—J. L. A., *Lyon Medical*.

**PILES—IMMEDIATE CURE BY IGNI-PUNCTURE.**—Mr. H. A. Reeves, of the London Hospital, has been trying igni-puncture, and found it invariably to rapidly cure piles. He draws down the piles, and then punctures to their bases with conical pointed ends made to fit on to the gas cautery. A dull red heat is required, and two or three punctures suffice for a pile the size of half a walnut. Hard ones to be pierced to their soft attachment. Ulcers and fissures in connection can be touched with the cautery. The bowels are kept confined by a morphine suppository for two or three days. The first motion is painful, but not so bad as before operation, and in a week the patients are discharged cured—a most favorable result which Mr. Reeves contrasts with those obtained by clamps or ligatures.

**TREATMENT OF NASO-PHARYNGEAL CATARRH.**—In *Pacific Medical Journal*, Q. C. Smith, M. D., Cloverdale, Cal., says: "After trying Prof. Thudichum's nasal douche, and several other modes of treatment for naso-pharyngeal catarrh,

we finally, some time since, hit upon the idea of using Richardson's apparatus for local anesthesia, to spray a medicated solution into both the nostrils and pharynx. And after trying various astringents, as local medicaments, we have decided, to our own satisfaction, that the sulpho-carbolate of zinc, is as good as any, if not the best. We prepare it thus :

R. Supho Carbolate Zinc .....gr. viij.  
Glycerin.....

Water.....aa f oz. ij. M. ft. sol.

Sig: Apply *warm*, once a day thoroughly, for several minutes, to nostrils and pharynx, in strong spray, introducing the spray-tube well up into the nostrils, and deeply into the pharynx.

**HOT WATER FOR TREATMENT OF SICK STOMACH.**—Dr. J. S. Owen in *Medical and Surgical Reporter* says: "I notice in the Reporter several articles on the treatment of sick stomach, and seeing nothing like my own, I thought I would give a few of the many cases in which I have found speedy relief from the use of *hot* water, after the stomach and bowels were emptied, and the patient completely exhausted from vomiting and purging

Mrs. W., after the usual treatment had failed, and continued obstinate heaving for thirty-six hours, at intervals of twenty to thirty minutes, I was called in consultation with her family physician. Found her with cold feet and hands, sunken features, pulse 140 per minute, tongue dry. I ordered half a glassful of *hot* water but she, like all such patients, protested, saying that warm water would only increase the trouble. I remarked that I did not intend giving warm water but hot. In a few minutes the patient was asleep and had no further trouble. seeing such happy results in a score of

cases, I would impress upon those wishing to test it to use water as hot as the patient can bear it.

**SPASMODIC ASTHMA.**—Dr. Pirtle, in *Medical Brief*, says: I have recently treated several severe cases of spasmodic asthma quite successfully with lumps formed (as many as required) of nitrate potassium and solid ext. stramonium, each lump containing 1 or 2 ounces of each, burnt upon a hot shovel, placed under patient with blanket or sheet thrown overhead. This makes a dense smoke; and of course must be watched, removing the blanket as occasion may require. I also usually prescribe at the same time large doses of bromide and iodide potassium combined in some suitable vehicle. This treatment has given such perfect satisfaction, both to patients and myself, that I thought perhaps it would be worth publishing, not that the remedies are new, but only in the manner of using the nitrate potassa and stramonium.

**THE USE OF CHLOROFORM.**—M. Dolbeau, tested the effects, upon persons already plunged in profound natural sleep, of chloroform vapor, a napkin, thoroughly saturated being held at the proper distance from the face of the patient, so that he should not be disturbed by contact. The effects were found not to be the same at all ages. In the case of adults the vapor emanating from the napkin generally caused an abrupt awakening with more or less jactitation and sometimes with outcry. With young children the effect was to produce anæsthesia quietly and without arousal. These observations, if fully confirmed, will have a manifestly important bearing on certain questions in legal medicine.—*Exchange.*

**NITROUS OXID GAS.**—Dr. H. Gibbons (in *Pacific Medical Journal*) thus describes the effects of the inhalation of nitrous oxid gas upon himself:

"I expected to feel its exhilarating effects, which I had many times experienced when inhaling it for amusement. But no such effect was produced; or, if there were, no recollection of it remained. On the contrary, the loss of consciousness was sudden and complete. There was no dreaming nor any sense of the lapse of time. But a sharp, tinkling sound, barely audible, was the only sensation of any kind. In the next moment, I felt a gentle tap on the hand and heard the voice of the operator, and returned in a flash, as it were, to perfect consciousness. I did not realize the lapse of an iota of time from the inhalation of the gas till the restoration of consciousness, and, of course, was much surprised when Dr. Thomas pointed to the table at my side, saying, "There are your three teeth, Doctor!"

He remarks: Nitrous oxid gas is preferable to ether and chloroform as an anæsthetic, because—

1. It is much more easily administered, and is not unpleasant to the patient.
2. It is more speedy and certain in its action, exhibiting its effect in a definite time.
3. Its anæsthesia is as perfect as that from ether and chloroform, if not more so.
4. It has no disagreeable after effects.
5. It is absolutely safe, limiting its paralyzing power to the cerebrum and sensory tract, and not invading the cerebellum or medulla oblongata.
6. It is adapted to all brief surgical operations.
7. Its anæsthetic effect may be pro-

longed by renewal of inhalation, say for five or ten minutes, but should not be prolonged indefinitely. It is therefore not adapted for operations requiring a long time, such as ovariectomy.

**COW'S MILK FOR BABIES.**—At a meeting the *County of Kings Medical Society* a paper read by Dr. Jerome Walker on "The digestibility and dilution of cow's milk in the artificial feeding of children" gave rise to much discussion. In village and country medical men are not so much troubled in regard to the purity of milk. Yet few things are more perplexing and difficult than the question of how a babe, deprived of its mother's milk, shall be fed. After reading carefully and with much interest the paper alluded to, and the discussion to which it gave rise, we have only to remark that our experience accords with the views expressed by Dr. Mitchell in the following quotation:

"Have tried all kinds of food, with variable results. That which has been most beneficial has been condensed milk, largely diluted with water or barley, gelatine, etc., with lime-water. Milk should be added. There can be no question that when milk has once become cold it is never again the same. It is impossible to foretell on what a child will thrive—sometimes it will be sugar pure and simple; sometimes clear butter; and after that some one of the prepared foods. Borden's condensed milk has always been good."

Quite a variety of recipes and methods of preparation were suggested by members. One, mentioned by Dr. Chapman, struck us with favor, to-wit:

Condensed Milk,	2	teaspoonfuls.
Lime-water,	4	"
Sugar,	$\frac{1}{2}$	"
Water tepid,	24	"
Mix.		



**TRACHEOTOMY WITH THE THERMO-CAUTERY.**—*L'Union Medicale du Canada* quotes from the *Bordeaux Med. Gazette* the description of the operation of tracheotomy as performed by the galvanic cautery. The instructions are to provide a platina knife properly heated and proceed thus:

1. Cut slowly from above downwards in the median line, immediately above the edge of the cricoid cartilage, and with a single incision, the skin and superficial aponeurosis.

2. Starting from the same point, divide slowly and with one cut the muscular tissues, down to the trachea.

3. Apply the point of the knife a third time to the superior extremity of the incision, and thrust it in perpendicularly until the sensation of resistance is overcome. The characteristic sound of the entrance of air will be heard. Proceed at once to enlarge the incision. This part of the process must be done quickly, in order to avoid injuring the surrounding parts by the heat of the instrument. The operation was successfully performed in three cases. It requires less than a minute to make all three incisions. Before opening the larynx it may be fixed against the surrounding parts by pressure with the thumb and fingers of the left hand. This operation requires but a short time, it is entirely free from hemorrhage, and it may be performed by one person, no assistance being required except to hold the child.

**CHROMIC ACID IN THE TREATMENT OF ULCERATING GRANULATIONS OF THE OS UTERI.**—In the *Annales de la Societe de Medicine de Gand*, M. Kœberle prefers chromic acid as a cauterizing agent to the other remedies usually used, as per-nitrate of mercury, iodine, nitrate of

silver, and the actual cautery. He uses it in the crystalloid condition. It is a very anhydrous substance, and readily absorbs the moisture from the tissues which it may touch. M. Kœberle applies it through an India-rubber speculum on a tampon of cotton-wool. Vomiting often supervenes within fifteen or twenty minutes from the application of the acid. When the tissues are seriously altered it is necessary to repeat the cauterization, but M. Kœberle has hitherto found three applications to suffice. After the application he applies a tampon, and advises the patient to use two soap-and water injections daily. He treats all ulcerations of the os in this way, as in epithelioma.—*London Med. Rec.*, March 15, 1877.

**CANDERNA ON THE TREATMENT OF ACUTE INTESTINAL CATARRH IN INFANTS AND SUCKLINGS.**—The author remarks (*Med-Chir. Centralblatt*, No. 51, 1876), that the common cause of this affection is injudicious or excessive feeding. The first indication, therefore, is to get rid of the offending matter. For this purpose castor-oil, mixed or not with aqueous extract of rhubarb, is the best. The excessive peristaltic action of the intestines is diminished by the application of an opiate poultice. The second indication, the removal of the catarrh set up by the irritating substance is best accomplished with aqua laurocerasi, given alternately with minute doses of calomel every two hours.—*London Medical Rec.*, March 15, 1877.

**TREATMENT OF VESICAL HEMMORRHAGE.**—The general treatment must be based upon the cause of the hemorrhage, but the bleeding itself should be checked by the application of an ice-bag over the bladder and perineum, the internal ad-

ministration of astringents (alum tannin), or the injection, as advised by Lebert of a 3-5 per cent. solution of tannin into the bladder. Lallemand has cauterized the bladder. In case of the formation of coagula, the bladder must be emptied by means of the catheter. KRAUS.—*Diagnose und Therapie der Krankheiten des Menschen.*

RHUS-POISONING.—Dr. F. L. James, of Arkansas, says in *New Remedies*, that having discovered that the serum which exudes from the pustules in rhus-poisoning was intensely acid, concluded to try the bicarbonate of soda, and found it very efficacious. Next to the soda bi. carb. the following remedies have afforded the best results in my hands, in the order named: borax dissolved in glycerine, (boracis, dr. i; glycerinæ, dr. i); aqua ammonia (ammon. aquæ. fl. dr. ij; ol. oliv., fl. ox. i); sugar of lead (a wash of the saturated solution or the liquor plumb. diacet. diluted). Quinine and iron, administered internally in those cases where a tonic was needed, hastened the cure."—*Louisville Med. News.*

ELECTRICITY IN HERPES ZOSTER, CANCER, ETC.—Dr. A. D. Rockwell, (*New York Medical Journal*) says: "In the treatment of the pain of herpes zoster, galvanism is invaluable. In many cases that have fallen under my observation, I have never known it to fail to afford either complete or approximate relief. The effects of galvanism on the extreme suffering that so often accompanies mammary cancer are often little short of magical. I have in many instances seen the acutest agony relieved instantly, and, while this relief is necessarily seldom if ever permanent, it is possible in many cases, by repeated applications, to keep the pain in abeyance for months.

BACTERIA—THEIR NATURE.—Dr. T. E. Satterthwaite (*Med. Record, Dec., 1875*.) says: "1. Bacteria are certain vegetable organisms which probably belong to the algæ; they are found abundantly in nature, but chiefly where there is moisture. 2. They exist in the body in health covering the mucous membranes from the mouth to the arms, and sometimes to penetrate a certain distance into the system without causing symptoms of disease. 3. They also exist in putrifying fluids and in various diseased processes, occurring in hot and cold abscesses, in the blebs of erysipelas and in simple blisters."

BROMHYDRATE OF CONIA.—The salt has been used by various practitioners with great success in the treatment of whooping-cough, in doses of about one-twelfth of a grain, if necessary, every hour, for a child three years of age; or one-thirtieth of a grain for a child of one year; or one-sixth of a grain for adults. In sciatica it has been employed hypodermically in quantities of one-twelfth of a grain with good results.

AN ELECTUARY AGAINST TAPEWORM.—Dr. Du Plessis gives the following prescription:—Kameela, 6 to 12 grammes; pulp of tamarinds, 30 to 40 grammes; cedar juice and syr. cort. aurant. *ad lib.* It is taken in one dose in the morning before breakfast. With bothriocephalus the cure is generally a radical one with one dose. For tænia a stronger dose is advisable.—*Med. Times.*

CURABILITY OF SYPHILIS.—Prof. Zeissl in a clinical lecture on the subject of the curability of syphilis, said: "I tell you, gentleman, that if a man contract syphilis he will die syphilitic, and at the day of judgment his ghost will have syphilis."

## Practical Notes.

**QUININE PILLS.**—Our co-laborer, Dr. Dyer, writes against the use of quinine in pills, particularly those put up for sale. He remarks: One of our physicians was attending a patient near this place, and gave a quinine pill every two hours. After two days, the fever being worse, it was found that the pills passed the bowels without being dissolved. A solution of quinine was then used with success. He also writes of

### PUERPERAL HEMORRHAGICA.

May 12th was called to see Mrs. D.,—multiparo—infant one year old. Found her bleeding from nose, gums, mouth, and bowels. Is menstruating very slightly, the first time since birth of child. Signs of puerperal hemorrhagica; stigmata scattered all over her body: petechial, vibices and echymometa. Has scurvey. Look upon the case as one of vicarious menstruation. R. Fl. ext. ergot i dr. every two hours; also powders of sugar of lead and Doveri to alternate; the juice of two lemons per day.

13th no better; 14th hemorrhage slackening: third day of her menstrual flow gave hot baths to increase the flow, but no medicine internally, for fear of hemorrhage that I might not control.

15th much better. To continue treatment, with 5 gr. doses of soluble citrate of iron and quinine every four hours during day. Will give iron until next menstrual period.

Dec. 7th Mrs. D. was a few weeks confined all right.

**WINE BITTERS.**—Pure Claret wine at meals is used very extensively in France and is said to be promotive of digestion. Combined with nux vomica, as in the

annexed recipe, it constitutes an excellent tonic and appetizer:—

R. Fl. ext. Cinchonæ.....dr. i.  
Tinc. nucis vom.....gtt. v.  
Syrup aurantii cort....oziss.  
Claret wine.....oz. viii.

M. Take two to four tablespoonsful before eating.

**SPERMATORRHŒA.**—Prof. Hayes, of Philadelphia, says he knows no better treatment for spermatorrhœa, than phosphorus and strychnia.

R. Strichniæ Sulphas....gr. ij;  
Phosphori.....gr. j.

To make fifty pills. One three times daily.

The diet to be nutritious, but not rich; the suppers light; the bladder kept well emptied, and the rectum free from irritation. (Naphey.)

The same treatment answers well for impotence. When spermatorrhœa can be traced to irritable prostate astringent injections are advised.

R. Zinc. acetatis.....gr. iv;  
Water.....oz. iv. M.

Use twice daily, and on going to bed. Prof. Gross, of Philadelphia, prescribes the following for spermatorrhœa:

R. Elix. cinchonæ.....dr. ss.  
Acedi nitrici duliti...gtt. viij.  
Strychniæ sulph.....gr. 1 16

This quantity to be taken three times per day. The dose of strychnia seems full large.

### NEURALGIC PILL.—

R. Quiniæ sulphatis.....gr. i.  
Ferri et potassæ tast.gr. ij.  
Morphiæ sulph.gr. 1-24 ad 1-12

M.—Take every hour until an expected paroxysm has been missed.

Recommended by Mr. Gregory and Dr. Burdenell Carter, in periodic neuralgia, l. c., p. 121.—*New Remedies.*

**DIABETES.**—In Naphey's late work on Therapeutics, we find that carbonate of ammonia is mentioned with great favor in the treatment of diabetes:—

R. Ammonia carbonatis dr. ij to iv.

Aqua cinnamomi.....oz. iv.

M. Take tablespoonful three or four times a day, with a moderately restricted diet. Also,

R. Tinct. ferri chloride.....gttxx.  
Well diluted with water thrice daily.

In this disease Dr. La Costa, relies mainly on  $\frac{1}{2}$  gr. doses of opium repeated three times per day.

**CHRONIC SORE THROAT.**—Prof. Pancoast, uses as a favorite gargle in chronic sore throat, the following formula:

R. Tincturæ myrrhæ.....

Tinc. krameriæ.....

Mellis despumatae. aa oz. j.

Acidi muriat. diluti. gtt. xv.

ANOTHER.

R. Acidi tanici.....dr. ss.

Mellis rosæ.....oz. jss.

Aquæ.....oz. ivss.

**FOLLICULAR PHARYNGITIS.**—There is a form of sore throat, often obstinate, which when examined will be found to be attended with numerous follicular pimples in the posterior wall of the pharynx, for this Prof. Da Costa, of Philadelphia, uses the following:

R. Sulphate of copper....dr. j.

Water.....oz. j. M.

Apply with a brush three times a week.

**ANTI-EMETIC.**—As an excellent anti-emetic, particularly in uterine affections use:

R. Tinc. nux vomica.....dr. i.

Tinc. Ginger.....dr. ij.

**DOSE.**—Gtt xv in a little mint water every half hour until four or five doses are taken.

## Scientific Items.

**MALLEABILITY OF GOLD.**—A single grain of gold may be beaten out so as to cover a space of seventy-five square inches, the thickness of the leaf is then only the three hundred and sixty-seven thousand six hundred and fiftieth part of an inch.

**THE PLANET JUPITER.**—Recent observations indicate that the real body, or nucleus of the planet Jupiter has never been seen, it being surrounded by a semi-transparent atmosphere of about 11,000 miles in depth, in which float vapors and vast cloud masses, sometimes in layers, at others in irregular heaps, having well rounded forms. It is believed that deep down below these vast cloudy layers lies the fiery mass of the real planet, in which are upheavals and outbursts compared with which the most tremendous volcanic explosions on our earth are utterly insignificant.

**EVOLUTION.**—Sir Wyville Thompson said before the natural history class at Edinburgh: "We have in fossil remains a record of the inhabitants of this world running back incalculably farther than man's existence on this planet, and although we find that thousands of species have passed away, and thousands have appeared, in no single case have we yet found the series of transitional forms imperceptibly gliding into one another, and uniting two clearly distinct species by a continuous bridge, which could be cited as an undoubted instance of the origin of a species."

**THE quantity of air inhaled by an adult in 24 hours averages about 360 cubic feet, or 2,000 gallons—about 730,000 gallons in one year.**

## Editorial and Miscellaneous.

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✉ All communications relating to the business of **THE RECORD**, for the year 1877, must be addressed to  
**DR. R. C. WORD,**  
Business Manager, Southern Med. Rec.  
Atlanta, Ga.

✉ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

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### SPECIAL NOTICE.

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Certain of our subscribers have ordered the journal on short time, and others have been receiving it on a condition made them in the January No. by which they were to remit promptly on reception of February issue. Nearly half the year is gone, and they have not complied with the engagement, subjecting us to serious inconvenience. Friends, we are on the cash basis, paying the printers cash in advance. Your forgetfulness of so small a matter may seem trifling to you, but we assure you it is no light matter with us. Please remit at once and oblige

**R. C. WORD, M. D.,**  
Business Manager.

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### THE MEDICAL ASSOCIATION OF GEORGIA.

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The twenty-eighth annual session of the above body assembled at Macon on the 18th ult. Our space will not admit of the proceedings in detail. There was a good average attendance. The meeting was called to order by Dr. Hall, and the address of welcome made by Dr. J. E. Blackshear, of Macon, as the repre-

sentative of the Medical Society of Macon, in a brief but interesting manner, and happily responded to by Dr. K. P. Moore. Dr. Battey, President of the Association, then took the chair, and delivered an opening address, making a tribute to the memory of Dr. C. B. Nottingham, deceased, and taking as his topic the subject of "Rest."

Invitations were extended to the members of the Association to visit the Georgia Academy for the Blind, and the Asylum for the Insane, at Milledgeville. Receptions were given the Association also by Mrs. Dr. Hall and Fitzgerald. Reports were read by Drs. Le Hardy, P. B. Doster, A. W. Calhoun, Green, and others.

Dr. Calhoun reported ninety-six operations for cataract, out of which ninety were successful. He also reported the successful transplanting of a portion of a rabbit's eye upon the eye of a young lady.

On the second day of the Association communications from Dr. T. S. Powell, of Atlanta, Drs. Kenan, of Milledgeville, Shaffer, of Gainesville, Hunter, of Louisville, and Leitner, of Columbus, were read, explaining their absence from the body.

The annual oration was delivered by Dr. Todd, of Atlanta.

A committee consisting of Drs. Taliaferro, Love, Johnson, Alexander, O'Daniel, and Hopkins, was appointed to use their influence with the Legislature to strengthen and make efficient the laws regulating the State Board of Health.

Interesting papers were read by Drs.

Hammond, Rawlings, Kenan, Gordon, Burgess, LeHardy, and others.

A resolution by Dr. Smith, of Augusta, to memorialize the Legislature to remove the special tax on physicians was adopted.

Dr. Burgess, of Macon, was appointed orator for next year.

The Board of Censors reported Dr. Jno. G. Westmoreland, of Atlanta, guilty of a breach of discipline, and judged that he be suspended for one year. Upon this action an appeal was afterwards entered and sustained.

The committee on nominations reported the following names: President, Dr. Wm. O'Daniel, of Twiggs; First Vice President, Dr. D. W. Hammond, of Macon; Second Vice President, Dr. S. B. Hawkins, of Americus; Secretary, Dr. J. B. Baird, of Atlanta; Treasurer, Dr. W. R. Burgess, of Macon.

The next annual meeting of the Association will be held in Atlanta, Ga.

#### HEMORRHAGIC MALARIAL FEVER, AND OUR JOURNAL.

Dr. L. A. Guild, of Georgia, has promised to send us a new and successful treatment for that formidable malady known as *Hemorrhagic Malarial Fever*. We hope to have it in time for our next issue.

He says of our journal: "I have been a constant reader of your journal *with four other medical periodicals*, and regard the SOUTHERN MEDICAL RECORD as the best for the general practitioner. While I find much more display and extravagance of get up in the northern journals, and a great deal of *reading* matter pertaining to hospitals, syphilitic affections, aneurisms, elaborate theories and prosy statistical reports, and a vast deal about diseases which the village and country

doctor never sees, I find in your journal<sup>1</sup> pithy and pointed communications about diseases which are incident to my own section, and which I almost daily encounter; and in connection therewith I find practical suggestions, and new and valuable formulae, which I can make, and have made available in my practice. I can point out in each issue of your journal receipts which I would not be deprived of for the price of subscription. This much I have said in no spirit of flattery, but because it is the truth, and because I feel that you ought to be encouraged and sustained by the profession. I hope soon to send you a subscriber. \* \* \*

[We thank our friend for the high compliment he has thought fit to give us. He is not alone in his high estimation of the RECORD; we have a large number of testimonials equally complimentary, to publish which would be agreeable to our vanity, but would encroach too much upon our space.]

CONSULTATIONS.—When a physician is called in consultation, he should be careful not to injure the medical brother in previous charge of the case. Consultations are seldom requested by the attending practitioner, because he feels the need of advice, though sometimes the conscientious medical man is actuated by this motive, and properly so, but rather to restore the waning confidence of the friends, and that they may know that the case is being judiciously treated. The physician consulted should, if possible, sanction what has been done, and, neither by direct nor indirect means, do anything which the friends can construe into a disparagement of the attending physician. Such conduct is in violation of the ethics, unworthy of the profession, and dastardly in principle.

MERRELL, THORP & LOYD, CINCINNATI.—This house comes highly recommended to us as pharmacists and manufacturing chemists. See thier card elsewhere.

**OPIUM ANTIDOTES.**—Dr. J. B. Mattison, of New York, read before the Medical Society of the county of Kings, Brooklyn, an interesting paper exposing a reputed antidote for the opium habit, gotten up by one S. B. Collins, of Indiana, and which is having an extensive sale. He had it analyzed with the following result.

Water..... 28.66

Glycerine.....66.88

*Sulphate of Morphia*..... 4.45

The sample is colored with magenta.

Analysis by Walz and Stillwell.

This proportion of morphine amounts to more than *grains xxv. to the ounce!*

An analysis of the same nostrum, made by another party, confirms this report; and the same is true of the so-called antidote of Mrs. J. A. Drollinger.

**VASELINE IN NASAL DISCHARGES.**—Dr. H. A. Dubois, of California, says in *Medical Record*, that in discharges resulting from ulcerations of the septum of the nose, the treatment found most effectual has been the use, night and morning, of vaseline, with five grains of salicylic acid added to the ounce, introduced into the affected nostril by a camel's hair pencil, or upon a little cotton wound around the end of a stick, using internally minute doses of corrosive sublimate, with some preparation of iron.

A meeting of the Provisional Association of American Medical Colleges will be held at the Palmer House, Chicago, on Saturday, June 2d, 1877, at 10 o'clock, A. M. All colleges represented at the meeting of the Association held June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges

already represented in this Association, are also invited to send delegates from their Faculties to the said meeting.

J. B. BIDDLE, M. D., *Pres't.*

**OSTEOCLAST.**—This is an apparatus invented by C. F. Taylor, M. D., of New York, for fracturing a deformed limb. He reports two cases, wherein disease of the hip joint had resulted in the head of the bone being fixed in the socket, leaving the femur in a distorted and irreducible condition. They were fractured at the distorted point by this instrument treated by fracture apparatus, and the deformity very much improved.

**DR. BARRY'S ADDRESS.**—We are in receipt of a copy of Dr. W. H. Barry's address before the late meeting of the Arkansas Medical Association, and find it eloquent in phrase, and replete with interesting historical allusions.

**BLUE GLASS CURE.**—We notice that the editor of the *Boston Journal of Chemistry* and other chemical writers, place little confidence in the wonderful properties ascribed to blue glass as a therapeutic agent.

**THE Georgia Pharmaceutical Association**, held their second annual meeting in Atlanta recently. It was numerously attended. The following officers were elected: President—R. H. Land, Augusta; First Vice President—E. W. Hunter, Louisville; Second Vice President—Roland B. Hall, Macon; Third Vice President—O. Butler, Savannah; Treasurer—John Ingalls, Macon; Secretary—W. A. Taylor, Atlanta.

**THE State Medical Association of Alabama**, at Birmingham, elected Dr. Peter Bryce, President; Dr. Frank Prince and Dr. Lamp-ley, Vice-Presidents; Dr. B. H. Riggs, Orator.

See advertisement of *Medical Register and Directory*.

## ARKANSAS MEDICAL ASSOCIATION

The Medical Association was held at Hot Springs, on the 18th and 19th ult. Dr. W. H. Barry, of Hot Springs, delivered an interesting address.

The members were cordially received and treated with generous hospitality by the citizens and members of the Medical Profession.

Dr. Hazard, editor of the St. Louis Chemical Record, was present by invitation, and addressed the convention.

Resolutions were passed commendatory of the Clinical Record, Virginia Medical Monthly, Southern Medical Record, Philadelphia Medical and Surgical Record, and Chicago Medical Journal and Examiner, for the interest manifested by those journals in that side of the Arkansas medical troubles represented by the Association. Also, in relation to securing a higher standard of medical education, by pledge.

[We are not familiar with all the facts connected with the Arkansas medical troubles alluded to in the above resolution. We disclaim any prejudice against either party; but we are the advocates of truth and justice, and simply oppose hasty and impulsive action in our deliberative bodies. The good of the profession at large requires this, and any other action will not be sanctioned by the true and good men of the profession. We are in favor of a full and impartial hearing in all such controversies before definite or final action is taken. The commission of an error does not necessarily criminate the party committing it, as it may be ignorantly done, but to endorse and perpetuate a wrong, with all the facts before you, would be partisan in spirit and corrupt in principle.]

The following gentlemen were elected to the offices specified for the coming year: J. A. Dibrell, jr., M. D., of Little Rock, President; J. L. H. Sessums, M. D., of Lonoke, First Vice President; T. J. Ried, M. D., of Hot Springs, Second Vice President; J. M. Gist, M. D., of Beebe, Third Vice President; D. H. Dungan, M. D., of Little Rock, Permanent Secretary, and J. M. Pirtle, M. D., of Little Rock, Treasurer.

The Association adjourned to meet at Little Rock, on the fourth Tuesday in April, 1878.

## MEDICAL CONVENTION OF TEXAS.

The ninth annual session of the Medical Convention of the State of Texas assembled

at Galveston, on the 9th ult., and was called to order by the President, Dr. R. H. Harrison. The roll was called by Dr. East, the Secretary, and a quorum found to be present. A very appropriate and cordial address of welcome was made by Prof. Greenville Dowel, in which he remarks of Galveston: "Twelve years ago we had 13,000 inhabitants, and 36 physicians, now we have 40,000 inhabitants, and not so much to do as then." A result which he attributes to drainage and sanitary improvements.

A resolution endorsing the action of the Travis County Medical Society, in refusing to treat with irregular practitioners, gave rise to a somewhat prolonged and heated discussion. A certain member of the convention having acted upon a State Medical Examining Board, composed in part of irregulars. The Travis County Society was finally sustained, but the offending brother was exonerated from blame.

A sumptuous banquet was provided for the members, to which an address was delivered by Dr. Kelly, President of the State Association.

Several interesting papers and reports were read in the subsequent proceedings of the body which we cannot notice at present.

## BOOK NOTICES.

**MODERN THERAPEUTICS.**—A compendium of recent formulæ, approved treatment and specific methods in Medicine and Surgery, with an appendix on hypodermic medication inhalation, aeration, and other remedial agents and therapeutic methods of recent introduction. By George H. Napheys, A. M., M. D. Fourth edition, re-written and enlarged. Philadelphia, D. G. Brinton.

Medical men will be glad to learn that a new and revised edition of this valuable work is in hand for distribution. We are acquainted with no single production which can so nearly place in the hands of the practitioner, as a book of reference, the accumulated improvements of modern therapeutics. A new division on surgical therapeutics is added, and the section on diseases of women and children are much enlarged. Numerous valuable formulæ are embodied in the work. The diseases are alphabetically arranged under the general nosological division to which they belong. The treatment as recommended by different practitioners is stated, and that by the various hospitals in each disease, followed by a resume of the more important remedies used. We hesitate not to recommend this work as a very valuable production.



# THE SOUTHERN MEDICAL RECORD.

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THOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M.D.,  
R. C. WORD, M.D.,

} EDITORS.

R. C. WORD, Business Manager.

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## Original and Selected Articles.

### SULPHATE OF CINCHONIDIA AND SULPHATE OF QUININE.

By PROF. WM. ABRAM LOVE, M. D.

To write an article on the subject of *sulphate of quinine* at this day and time, would seem to be a work of supererogation—especially in a section of country where that drug has so generally taken its place among ordinary household supplies—unless that article should be directed *against* its inordinate, indiscriminate, and injudicious use. In the hands of the profession, who have studied its physiological action, and the pathological conditions against which that action may be directed, it is one of the most valuable and potent remedies of the materia medica. But, unfortunately, from these very facts, it has passed into the hands of the laity who have not studied these things, and this most valuable remedy, from its abuse and injudicious use, has, in an indirect way, resulted in much evil to those who have, with too much faith, leaned upon it as a remedy in this mal-application. Yet

the abuse of an article is no argument against its judicious use. This abuse, in certain sections of the country, has been in its administration as an anti-periodic and prophylactic, in controlling or preventing the development of miasmatic disease—in its use without the proper elimination from the system of such dead elements as have been disintegrated in the organism, while the emunctories have remained closed, preventing their exudation, or a failure of action, entire or in part, on the part of the glands and secreting membranes. Serious consequences follow this neglect, not from the use, but this abuse of the remedy—not that it fails of its legitimate action, but because too much is expected from its administration.

All is conceded that is claimed for it as a tonic, as an anti-periodic, as a supersedent, and a sedative (cardiac or otherwise), as well as much that is claimed for its prophylactic powers—yet we are told that it fails in many cases to come up to the expectations of those who give, or those who take it, or both. These failures may, as a general rule, be traced to the errors alluded to above, while in many cases they may be clearly

attributable to error in the *time* of its administration. Particularly is this the case in intermittent, remittent and continued fevers. We had been instructed to administer the drug at stated intervals, immediately preceding the expected paroxysm in intermittent diseases—on the wane of the fever in remittents, and at stated periods, if at all, in continued forms of fever.

After all that has been claimed for quinine is conceded—there is another still, of which we hear but little—and that is its power of regulating the disturbance in the *normal* diurnal changes that take place in the system, under miasmatic and other paroxysmal diseases. The normal diurnal changes are two greater, and two lesser, with still four other, less marked, yet fixed as to time. They occur in health—are physiological. The two greater changes take place at midnight and at noonday. The two lesser at six o'clock morning and afternoon, and the other four, less marked, about midway between these four, but may predominate to the one or the other side according to the condition of the system, or the circumstances attendant upon each and every individual case. Now there is little hazarded in making the assertion that the potency of quinine depends—in all forms of disease diurnally paroxysmal, where it is at all admissible—upon its power of regulating the disturbances that take place in these diurnal changes, from the greatest to the smallest, and with equal confidence it may be stated that it is most effectively shown when the remedy is administered between the changes that take place at midnight, and the early or later morning change (i. e.) between one and ten o'clock a. m.

It is not intended to do more in this paper than to point to these changes, and to the fact of the more effective action of quinine when administered between the hours stated. If a patient will bear it at all with benefit, that benefit will be enhanced by taking advantage of this fact. Where the fever is continuous, and seemingly so high as to contra-indicate its use, the remedy will

frequently, through its antipyretic action, reduce the temperature very much, and very certainly more than when given at any other period of the twenty-four hours. Any physician may, at any time, satisfy himself of this fact by a fair trial at the bedside, thermometer in hand, noting the diurnal thermal curves, and take advantage of the same in the treatment of any form of disease when the free use of quinine is indicated. By resorting to this period for its administration, it will be found, too, that a far less quantity of the drug will be required to produce the same satisfactory results.

What is said here of quinine, may, with equal confidence, be said of the other alkaloid, or its salt, now presented to the profession—

#### THE SULPHATE OF CINCHONIDIA.

As to the difference in effect of the two remedies, administered in like cases, this will not be generally of a marked character. To some few points of difference it may not be out of place to refer, and in these there would seem to be some in favor of the cinchonidia. In the manifestations of its action upon the nervous system, they are less marked upon the nerves of special sense than those resulting from the use of quinine. There is less cerebral fullness, less ringing in the ears, less deafness and disturbance of vision, or vertigo.

In some individuals quinine has a tendency to produce muscular prostration, coldness of the surface, and in herculean doses, prostration and collapse. In this class of cases, in known individuals, where both have been tried, it has not been our province to mark any special difference between the action of the quinine and cinchonidia. As a cardiac sedative their effects are about the same. During a practice of very many years within the malarial belt, where miasmatic diseases in all their forms and complications presented themselves, from a simple chill and fever to the most aggravated form of hæmorrhagic malarial fever—(hæmaturia) and miasmatic purpura hæmorrhagica, we found that when the disease was disposed to run

into a chronic form, or a condition of *malarial cachexia*, quinine was not so effective in its action, not so certain or reliable as to results, as the preparations of bark containing other or all of the alkaloids, (i. e.) the solid extract, fluid extracts, tinctures, or even the powdered bark itself. In such cases the *cinchonidia*, it is believed, would be a more effective remedy than *quinine*.

Our work has been confined more particularly to the treatment of delicate females, many of them from the malarial belts of this and the adjoining States, who reach us with their systems surcharged with malaria, their vital forces depressed, their secretions deranged, their powers of assimilation and disintegration below par, their portal system passively engorged, and their nervous system very much impaired. In such cases we have found the *cinchonidia*, as we believe, more effective than the *quinine*, certainly more satisfactory to the patient from its affecting less the nerves of special sense, alluded to above. In such cases, where intermittents are disposed to assume a masqued form, cropping out under the guise of *neuralgia*, *myalgia*, or *rheumatism*, etc.—where a certain periodicity becomes observable in the train of nervous symptoms that complicate or accompany uterine diseases, the *cinchonidia* will present some advantages over the *quinine*—first, for the reasons assigned above, its tendency to produce less disturbance in the nerves of special sense; and for the additional reason that, while its action may be somewhat less rapid than *quinine*, it is, to the same degree, more persistent and permanent in its effects. Every practitioner who closely watches the effects of his remedies, has learned by experience that all alkaloids act more rapidly than the agents from which they are obtained. They act *explosively*, so to speak, there is a *tension* in their action that is quick but short-lived as compared with the agent from which they are derived. In the treatment of acute cases, and in cases where an *emergent* action is desired, this gives them—the alkaloids and their salts—great advantage over the original sub-

stance. But in a very large class of cases, where disease has assumed a chronic form, where it is persistent or recurrent, where there is a tendency to run into the condition of a *cachexia*, we will find the parent substance more effective than its more active alkaloid. We desire an action that is nearer allied to the slower process of combustion, rather than that of explosion. In such cases we resort to the original substance, to its solid extract, or to some form nearer approaching the original in its action, rather than the alkaloid or its salts. Now, as we approach the one or the other of these extremes in the form of the agent, we modify or intensify its action, but while its tension, its concentrated force, and, so to speak, explosive action, rests in the alkaloids and their salts, it loses, *pari-passu*, its persistence, and inasmuch as “strength does not consist in spasms, but in the stout bearing of burthens,” we have occasion to recede a little from these more active preparations and their explosive, or, so to speak, spasmodic action, and trust to the stouter burthen-bearing powers of the preparations of nearer approach to the original mother agent.

Just at this point we feel that Messrs. Powers & Weightman, Manufacturing Chemists, have, as we stated before our State Medical Association last week, placed the profession and the people under lasting obligations to them, by furnishing an agent with which to fill one such gap—and a very important one—in our *materia medica*, in presenting to the profession sulphate of *cinchonidia* as a substitute for sulphate of *quinine*—an agent filling the gap just a degree below the tensive action of *quinine*, but at the same time more persistent in its ultimate effects.

For over twenty years of our professional life, it has been our province to battle against the effects of malaria in its most concentrated virulent form, within the malarial belts of this State, and we have constantly, during that period and since, felt the need of some stout burthen-bearing anti-periodical

malarial antidote, without the explosive, tensive action of quinine. Though no longer of that malarial region, we bear a feeling recollection of its impresses, and while we are now in the higher altitude on the water-shed dividing the waters of the Atlantic and the Gulf streams (Atlanta is situated in  $33^{\circ} 45' 19.8''$  Lat.,  $84^{\circ} 23' 29.7''$  Long.—at an elevation of 1,087 ft. above the level of the sea), where malaria is, comparatively speaking, scarcely known, yet from the nature of our professional labor, we have had ample opportunity to test the effects of the drug on cases (principally delicate females) coming from these malarial belts, or like regions of Georgia, Alabama, Florida, and South Carolina, where their systems had for months, and perhaps years, been constantly saturated with the subtle poison. In such cases we have found an advantage in the more persistent action of cinchonidia, in its less tendency to affect the nerves of the special senses, in the less sense of tension of the brain and nervous system, hence a better tolerance of its use—nor does it seem to produce the same amount of gastro-intestinal disturbance. In view of all these things, we can readily account for the fewer relapses that follow its judicious and sufficient use.

It is admitted that a change of air and change of altitude will, and does, aid in the restoration of those who come here from malarial regions for treatment of diseases and derangements peculiar to themselves or their sex, rather than their section. Yet they often reach us charged with malaria to such an extent that it would require long residence to eradicate the same without the aid of remedies to correct the existing morbid associations and mal-action in their organisms. Aside from their peculiar diseases or derangements, they bring with them the same pathological conditions, resulting from miasmatic influences, that existed with them at home, subject to the same laws, amenable to the same remedial agents. Such cases yield to the cinchonidia treatment in this respect, here, and a continuance of the same after their return home has, so far, given

token of a like happy result, so that all the benefits in this respect cannot be attributable to the health-giving air of this Kennesaw range of mountains.

We have observed the same rules in regard to the use of cinchonidia that have so long governed us in the use of quinine. We have given it in the same doses, forms, and formulæ, and for the reasons given above, while in some few active and acute cases, where the active, tensive, explosive action of quinine would, to meet an emergency, or parry a paroxysm, seem to point to that as the preferable agent, still, in the vast majority of cases, where we are accustomed to regard quinine as indicated in the treatment, in which these exigencies do not exist, where the disease is chronic or the impress persistent, where the indications are for a seige treatment rather than by storm, we are persuaded that an advantage other than pecuniary will be found in the use of Sulphate of Cinchonidia.—*Atlanta Medical Journal*.

### GLYCERITE OF KEPHALINE.

By C. G. POLK, M. D., Philadelphia.

The interest bestowed upon the various preparations of phosphorus in the last few years is important. It is believed that it subserves a high purpose in the animal economy, and exerts a modifying influence upon physiological and pathological conditions in animal organisms, consequently the integrity of organs and functions seem to depend upon an adequate supply and proper formula.

To meet these requisitions, the skill of the chemist has been exhausted, and in vain. The use of the laboratory compounds have been attended with very uncertain advantage.

Andre Sanson says: "The phosphates that are manufactured in the laboratory are not such as should be used, because their form does not allow of their digestion, and assimilation."

Dr. Tillbury Fox, the distinguished writer on skin diseases, says: "There is something essentially special in the organized phosphates, in fact, that have been formed by passing through a living organism, as compared with those artificially prepared. It is not the *amount*, but the *kind*, which produces the good result."

Dr. Percy, in his essay on phosphorus, for which the prize essay was awarded by the American Medical Association in 1872, says: "That phosphates that enter the animal system, as laboratory compounds, do not perform the same function as the phosphates which enter the system through the natural chemical elaboration of vegetable life."

The above quotations explain why the different preparations of the oxides of phosphorus have been unsatisfactory as remedial agents; they are laboratory compounds, incapable of assuming organismal or nutrient properties. They may prove tonics, but even as tonics they are inferior to iron, quinia and cod liver oil. Phosphorus in the form of the metalloid, taken into the system, is scarcely oxidized at all; only a very minute quantity being transformed into hypophosphorous acid, and if continued for any considerable length of time, Dr. Percy says it induces Bright's Kidney (Nephritic Albuminuria). Churchill's Hypophosphites have not sustained his claim as a restorer of phosphorus in an oxidizable form to the system.

Believing that the scientific and rational formula of phosphorus could only be found in a vegetable or an animal organism, I began my experiments in 1857, while a medical student in the University of New York, to form a combination identical with the phosphoids of the

brain. This I realized in protagon, an agent now undergoing the ordeal of the medical profession, and which promises to become an extensively used and an esteemed agent.

The subject of this paper differs from protagon in containing only the brain hypophosphites to the exclusion of the phosphites, phosphates and oleo hypophosphorous. I here give its formula:

R—Hypophosphite of ammonium..... 6 parts.  
Hypophosphite of calcium 8 parts.  
Hypophosphite of sodium 3 parts.  
Hypophosphite of magnesium.....  $\frac{1}{2}$  part.  
Hypophosphite of manganese.....  $\frac{1}{2}$  part.  
Phosphide of nitrogen..... 1 part.  
Tribasic hypophosphorous acid (50 per cent.)..... 5 parts.  
Pure glycerine..... 76 parts.

I pursue, very nearly, Bennett's method in isolating the brain phosphoids. Ten drops of this combination, given three times a day, is a powerful nerve tonic, and an invaluable nerve food. Given with Læflund's malt extract, I have succeeded far better with my consumptives than I did when I relied mainly on cod liver oil. In fact, my experience has been that, in the earlier stages, this treatment will arrest the disease in a large per cent. of cases, but it will not cure the disease in more than five to eight per cent. of cases after tubercular softening has begun. I believe in the pretubercular stage, it is almost a specific, but it is almost useless to give it in the last stages, with the expectation of immediate restoration to health. It can not restore a ruined lung; it can not, invariably arrest the ulcerative stages of phthisis; but, yet, my experience just-

fies me in trusting it with a greater confidence in every stage of phthisis than I can accord to cod liver oil, or any agent in the list of therapeutics.

In practice, nervous diseases furnish a large, interesting, and intricate part of the cases with which the physician has to deal.

Loss of memory, nervous prostration, sexual debility, receive decided benefit from the use of the glycerite of kephaline. If there be a remedy entitled to the name of specific, it belongs to this in the cure of these disorders. My experience has been extensive with it, and the results are generally gratifying. In paresis cerebri, it is the only agent which promises any benefit. It will arrest the progress of locomotor ataxia in a large per cent. of cases; although, it does not restore the nerve structure, which has been already damaged; it usually prevents further extension in that class of cases, which seem to have their origin in sexual excesses.

But, perhaps, of all the diseases, in which I have used the glycerite of kephaline, there is none in which the use is more positive, and unequivocal, than in uterine irritation, evincing itself in the protian forms of hysteria; a class of patients who are usually inveterate and annoying, defying the usual remedies of the materia medica, and breaking our repose in many a weary night. These persons are frequently dyspeptic, and of a low vital standard. They need a powerful nerve tonic, and find it in this agent. I have now, a record of twenty of those cases, in which permanent relief has been secured by the use of this agent.

In infantile diseases, as we would, a priori, have anticipated, glycerite of kephaline is efficacious. Most of the

diseases immediately associated with dentition, have their prime factor in a deficiency of the phosphoids, in consequence, the phosphites of magnesium and calcium are not supplied to meet the requirements of the system, in the production of teeth, bones, and in the process of nutrition, irritation is set up in the nervous centres, expending itself upon the brain, lungs, or intestinal canal. By supplying the phosphoid principles required, and not previously present, it relieves dental irritation effectually; for this purpose, I prefer a wine of wheat, made by isolating the phosphoid principles from four pounds of wheat, by heated alcohol, precipitating at a low temperature, dissolving with orthophosphoric acid, and mixing with one pint of port wine. Protagon, or the solution of all the phosphoid principles of brain, in hypophosphorous acid and glycerine, is to be preferred, in infantile cases, to the glycerite of kephaline.

I have here tried to define the therapeutical position of this agent without exaggeration, or enthusiasm, and submit these conclusions to the medical profession, conscious that whatever error I have presented will be realized and rejected, and if the agent be as valuable as I think it is, it will eventually receive all the appreciation that is due it.

### ACONITE.

By I. J. M. GOSS, A. M., M. D., Marietta, Ga.,  
Author of late work on *Materia Medica*, etc.

The medical effects of aconite are just beginning to be appreciated. Says Dr. Sydney Ruiger: "The virtues of aconite are far from being appreciated, but I predict that, ere long, it will be extensively employed. Perhaps no drug is more valuable. Given in large doses, aconite

at first produces a sensation of warmth at the pit of the stomach, not unfrequently with nausea and vomiting. This sensation of warmth soon spreads over the body, and it then produces a tingling of the lips, tongue, and adjacent parts; the uvula and tongue feel as if swollen, and deglutition is frequent. A still larger dose induces a numbness, and tingling at the ends of the fingers, rapidly spreading over the entire body, producing more or less anæsthesia and muscular debility, and, if the dose be very large, this muscular debility will be extreme. But in doses of one or two drops of the tincture (saturated), its action on the circulation is very prompt. The above dose, repeated every one or two hours, will frequently reduce the pulse down from 120 or 100 to 60 or 70 per minute, but larger doses, repeated too often, produce such debility of the heart that it causes it to beat much faster, and sometimes it becomes irregular. Whether the pulse becomes faster or slower under the influence of this drug, it always looses strength, which shows the power of it over the heart's action.

Dr. Achscharumow and Dr. Fothergill, in their experiments upon frogs, show that aconite will produce paralysis of the heart, arresting the contractions of the diastole. It affects the respiratory movement in a similar manner; moderate doses render the respiration slower, but large and toxic doses often produce short and hurried breathing. It first stimulates the inhibitory centre of the pneumogastric nerve, and thus slows the action of the heart, and, if increased in dose largely, it finally exhausts the pneumogastric, and, at last, paralyzes it, and then the heart beats quicker and irregularly. Its power of controlling

inflammation is almost marvelous. It will not always remove the products of inflammation, but, by controlling the inflammatory process, it will prevent the further formation, thus saving the tissues from any further injury. It should always be resorted to in the early stages of inflammation, at which time it is most serviceable. In pharyngitis, tonsillitis, and glossitis, it is an indispensable remedy, and may be given, and locally applied, in the form of a dilution. Aconite not only lessens the frequency of the circulation, thereby decreasing the chemical changes, diminishing the oxidation of the blood, but it increases the flow of blood to the skin, producing perspiration, and, thereby, the rapid radiation of heat, and the evaporation from the body, which also lessens the heat. And not only does aconite diminish the heat thus, but also by its direct influence on the vascular system. It is well known that the vascular system is always in a state of semi-contraction in fevers and inflammation. Aconite dilates the arterioles, and increases the capacity of the vascular system, and thereby drains the blood away from the inflamed organ. In tonsillitis, croup, and other limited inflammations, if aconite is given in the earliest stage, when the chill is still on the patient, the skin, dry, and hot, and burning, soon becomes comfortably moist, and, in a short time, bathed in a profuse perspiration; and the quickened pulse becomes less frequent, and, from twenty-four to forty-eight hours, both the circulation and temperature become natural. A moderate dose, say 1 gtt. will make the pulse not only slower, but fuller and stronger, and more compressible. Hence its good effect in typhoidal fevers, characterized

by depressed circulation—a want of freedom of the circulation. It may be given in doses of from  $\frac{1}{2}$  to 1 gtt. every hour, at first, and the intervals prolonged as it affects the heart's action.

### REMEDIES FOR COUGH.

We may profitably study a few of the remedies for cough in this place, though most of them have been named in the treatment of diseases of the respiratory apparatus. But as we well know, it requires frequent repetition to impress facts upon our minds. Let us think of the two-fold treatment—"remedies that remove the disease will remove the cough, and remedies that remove the cough favorably influence the disease." The first is especially applicable to acute, and the second to chronic diseases. If, for instance, we find a cough associated with increased temperature, a frequent pulse, arrest of secretion, and impairment of innervation, we conclude at once that remedies which will rectify these wrongs will relieve the cough. One might think that this was a very natural conclusion, and yet we find that many practitioners do not reach it, but commence with special remedies called expectorants.

In studying the old group of *expectorants* they were divided into two prominent classes—nauseant, or relaxant, and stimulant. If there was arrest of secretion, the first class would furnish the remedies; if there was profuse secretion, they would be drawn from the second group. Once in a while we go back to these old remedies and select them in this way. But the trouble in their use is that they do too much. If there is dryness of the respiratory passages, and we give the "nauseant expectorants," we are pretty sure to get a too abundant

secretion; so, in some cases, the stimulants do too much, and arrest the secretion, or make it difficult of removal.

Let me record it that *expectoration* is morbid, not natural; that a profuse secretion of mucus, or muco-pus, is not essential to recovery, but is produced by impairment of the life of the part, and leads to further impairment.

*Lobelia*.—I prefer to use lobelia for its stimulant action, rather than as a nauseant expectorant. If there is a sense of oppression and feeling of dullness, I should prescribe this remedy without reference to the arrest of secretion. As we have already seen, it is the remedy in asthenic bronchitis, especially of children, with profuse secretion and difficulty in removing the accumulations. Let me repeat the formula for the child: R. Tinct. lobelia (seed) dr. j, comp. tinct. lavender dr. iij, simple syrup oz. iss. M.

*Ipecacuanha*.—Giving up the old use of ipecac as a nauseant, let us employ it as a remedy for that irritation which prompts an almost continued effort to free the larynx by cough. It may be a case of inflammation, as in infantile pneumonia, or it may be only a cough, but with this symptom the remedy is very effectual. It may be triturated with sugar, or sugar and gum arabic and given in small doses, or the tincture may be prescribed in water.

*Sanguinaria*.—I prefer the nitrate of sanguinaria to any other preparation, as its action seems better, and it is more easily carried and dispensed. One grain to four ounces of simple syrup makes a very good preparation, and when dispensing from my pocket case I add it to water in the same proportion. The indication, for it is a sense of constriction and tickling in the throat.



**Tartar Emetic.**—But you don't use any antimony, do you? O no, I get along very well without it, but should you wish to use it, I will name the cases and the quantity. If there is hoarseness with tenderness of the larynx, you have a marked case; or if the cough is hollow and reverberating, and there is evidently want of power in it, you have the other. Triturate the remedy with sugar, one grain to one drachm, and divide in forty powders, giving one in every two or three hours. You could hardly kill any one with this, though, if a child, we would make the dose still smaller.

**Belladonna.**—Belladonna is a cough medicine as well as a remedy for congestion, as we have already seen whilst studying whooping cough. The indication is the usual one—dullness and inclination to sleep.

**Drosera.**—Drosera is the remedy for the cough of measles, and for any cough that simulates to it. This cough, it will be recollected, is paroxysmal and explosive. The proportions are—R. Tinct. drosera dr. ss to dr. j, water oz. iv; a teaspoonful every four hours.

**Nitric Acid.**—Nitric acid is frequently a most admirable cough remedy, and will quiet irritation when others fail. If now we should stop there, how would one know when to use it? But if we say whenever the tongue shows the marked *violet* color, we use nitric acid, any one can select the case for the remedy.

**Stillingia.**—This is a most valuable remedy for the relief of cough, and for some of the most intractable forms. The irritation seems to localize itself just back of the posterior pillars of the fauces, and sometimes above the soft palate, though there may be disease of any

part of the respiratory apparatus. In ordinary prescribing the tincture of *stilingia* may be added to any cough mixture; or it may be prescribed with simple syrup; or it may be dispensed in water like other remedies. We have already called attention to the *stilingia* liniment as a most valuable remedy.

**Sticta Pulmonaria.**—This is a most valuable remedy, and if the characteristic indications present, it will speedily check a cough. There is pain in the shoulders, passing up through the neck to the occiput; the cough is frequently violent, and so harassing as to prevent rest. R. Tinct. sticta gtt. x to dr. ss, to water oz. iv; a teaspoonful every two or three hours.

**Macrotys.**—With pain, evidently in the thoracic walls, rheumatic in character, I use *macrotys* as a cough remedy.

**Collinsonia.**—We have found that *collinsonia* was a remedy for irritable larynx, ministers' sore throat, and a chronic laryngitis. But we have diseases of other parts of the respiratory apparatus in which the use of the voice brings on cough. Let us try the *collinsonia* in these cases.

**Grindelia.**—We will think of this as a possible remedy for asthmatic cough, and as a pretty certain remedy for a chronic cough associated with profuse leucorrhœa, or with a discharge of mucus or muco-pus with triple phosphates in the urine. This is rather a singular indication for a cough medicine, but it will be well to note it. The dose will vary from one to ten drops.

**Bromide of Ammonium.**—In the study of whooping cough we found that this was the remedy for an epileptiform cough, and in treating children I would suggest its use when the slightest invol-

untary movement of muscles is observed.

*Cactus*.—Cactus is a remedy for cough when associated with præcordial oppression and irregularity of pulse.

*Pulsatilla*.—Dizziness, fear of impending danger, and the condition of the mind designated as nervousness, suggest this remedy.

This only names a few of the remedies that will influence a cough, but it will suggest the method of selecting the right remedy. The rule in all cases is, "give the remedy called for by characteristic symptoms," and in this way we can hardly make a mistake.

*Remedies that influence the Fauces*.—

For the temporary relief of cough we frequently employ remedies in such form that they influence the fauces or throat, and find it much better than their internal administration. The simplest way is to use a lump of sugar, and drop the remedy upon it as has been named for the stillingia liniment. Equal parts of sugar and gum arabic form a very good basis for the administration of remedies, and will sometimes quiet a cough themselves by their demulcent action. The powder is allowed to dissolve slowly in the mouth, and then swallowed. Any thing that may be thought useful may be added, as chlorate of potash, alum, borax, aconite, morphine, lobelia, stillingia, etc.

*Remedies by Inhalation*.—Remedies by inhalation exert a direct influence upon the respiratory mucous membrane, and are sometimes used with great advantage. Volatile agents may be inhaled from the old-fashioned glass inhaler, or from a glass tube in which a loose sponge has been placed, the remedy being dropped upon this. The latter method is a very good one. Some of the remedies are

burned and the gas or smoke is inhaled, as is the case with the many "burners" used for asthma. Others being more volatile are used with the spray apparatus, or atomizer, and the finely divided fluid is carried into the lungs with the respired air. It is not necessary to give formulæ for these here.—*Eclectic Medical Journal*.

## ON THE BEST MEANS OF PROMOTING UNION BY FIRST INTENTION.

By E. W. LEE, M. D., Chicago.

Ninety-nine practitioners out of a hundred will proceed to dress an incised or lacerated wound by bringing the edges together, and maintaining them in position—or trying to—by means of strips of adhesive plaster or interrupted sutures of silk. For several years I have been in the habit of using needle sutures for all wounds, varying the size and shape according to the location and depth of the wound. For all wounds not very deep, I use Sharp's No. 12 cambric needle. It is very small, and is easily introduced and extracted.

If plaster be used, no matter how carefully it may be applied, in a few hours it stretches, permitting the edges of the wound to gape although the apposition was perfect when leaving the hands of the surgeon. If interrupted sutures of silk be used in the ordinary way, the edges of the wound are brought together, leaving underneath a cavity for the accumulation of discharges and subsequent suppuration; the silk causes more or less irritation immediately, it begins to cut, and unless taken out in 24 hours, leaves an ugly mark at the seat of the suture. In all wounds over one-third of an inch in length, I use these

needle sutures. We all know what an unirritating substance steel is. Needles have entered the body, and remained there for years, causing no inconvenience whatever, coming out in an entirely different location from where they had entered. Suppose we have a wound to dress, say one and a half inches long. I proceed in the following manner: Carefully cleanse the part of all foreign matter, *and wait for hemorrhage to cease*. Then, if the location and depth of the wound be suitable, take a No. 12 cambric needle in a needle holder, insert it a proper distance from the edge of the wound, push it through at about half the depth of the wound, bring the point out about the same distance on the opposite side. Take now a piece of stout ligature silk or thread, and surround the transfixing tissue, and draw the edges of the wound together. Put in as many sutures as may be necessary to secure perfect apposition, and the dressing is complete. It is useless to put on plasters in addition; they stretch, they are unsightly and unclean. In dressing wounds by this method, pressure can be made so as to bring the edges of the wound together *from top to bottom*; no space is left for secretions to accumulate; no chance is left for stretching, and for the edges of the wound to gape; the pressure being so equally distributed, the suture does not cut through as a silk one will. The only objection to allowing the sutures to remain for four or five days, is that after forty-eight hours they are difficult of extraction. This difficulty I have overcome by having the needles electroplated with silver. To extract the needle, I take the end in the needle holder, gently turn it round in the wound once or twice, and then withdraw

it. I do not cut the silk, it remains adherent, the blood and serum forming an incrustation, holding the silk in position; this I am careful not to disturb. I once dressed an incised wound 24 inches long in the manner described. Between 40 and 50 needles (No. 12) were used; every portion of the wound healed by first intention. The advantages of this plan do not by any means end here. Suppose the radial, temporal, or palmar arteries be wounded; many practitioners not expert will spend considerable valuable time in seeking and ligating any of these vessels, and consequently more loss of blood than need be is occasioned. Here the needle suture is not only the best means of bringing the edges of the wound together, but it is the quickest, easiest, and safest means of stopping the hemorrhage by acupressure. I have repeatedly adopted this plan in all the above-mentioned accidents, and always with the utmost satisfaction. Suppose union by first intention does not take place; then cut the silk, withdraw the needles, and the amount of retraction that takes place will not be nearly so great as it would had they not been used. I usually succeed in getting union by first intention, and when I have failed, it has been either from a faulty condition of the system, or from being too hasty in the application of the dressing. In incised wounds about the neck and face, where primary union is so desirable, this plan is peculiarly suitable. In scalp wounds, prudent practitioners hesitate to use silk sutures, so apt are they to set up erysipelatous inflammation; to make plasters adhere, it is absolutely necessary to shave the scalp for a considerable space around the wound. Use needle sutures, and it is not necessary to remove

any hair at all, and they may remain in the scalp as long as may be necessary with impunity. This may seem a very small matter to say so much about; but with most of us, dressing wounds is an every day occurrence, and any improvement that may be introduced, however small, is of practical importance. I have tried this plan so long, and thoroughly, and with so much gratification to myself and patients, that I feel it a duty to urge its substitution for silk and plaster entirely. It is not, of course, original with me, yet it is not adopted to any extent by the profession. I am confident that if the dressing be carefully done by those adopting this method, the attending success will be so uniform as to prohibit the employment of any other.

## Abstracts and Gleanings.

**ELIXIR GLYCYRRHIZÆ.**—BY GEO. W. KENNEDY, PH. G.—An elixir by the above name has been introduced in our section within the last few weeks, intended as an adjuvant to disguise and cover the extremely bitter taste of the cinchona alkaloids, epsom salt, and other nauseating and bitter medicines. I can say, after a large number of experiments, that this elixir will admirably answer the purpose for which it is recommended and intended. Experiments made with the view to ascertain and determine the quantity of quinia an ounce of the elixir will completely disguise, prove that the bitterness of from 10 to 12 grains is masked, while with from 15 to 20 grains there is but a slight bitterness observed, comparatively speaking. Hitherto the great objection to quinia as a medicine, especially when given in a liquid form, has been its very bitter taste. There

are few sick or convalescent patients who can take it in solution; besides, it is frequently prescribed for young children, and to prepare it for those in as palatable a condition as possible, is the great object of elixir glycyrrhizæ, which I hope will fill a vacant place in the line of the many elegant pharmaceutical preparations, and one which I am satisfied, from my own observations, will meet the hearty approval of the medical fraternity.

My object here is to bring this subject again before the medical and pharmaceutical professions and recommend its use, and also to furnish a formula for a preparation which is much pleasanter than simple syrup, and to the former decidedly palatable.

The following formula I find to furnish an excellent elixir:

R. Radic glycyrrhizæ opt.....oz. ii,  
Spir. vini rect. fort.....f.oz. vi  
Aquæ.....f.oz. vi  
Syr. simplic.....f.oz. iv  
Spir. aurantii.....f.dr. iss  
Spir. cinnamomi.....min. viii

The spirits are made by dissolving 1 fluidounce of the oil in 15 fluidounces of stronger alcohol.

Make a moderately coarse powder of the root, mix the alcohol and water, moisten the powder with the mixture, allow it to stand twelve hours, pack in a conical percolator, and pour on the balance of alcoholic mixture, and sufficient diluted alcohol, until 12 fluidounces of percolate are obtained, then add the syrup, and finally the spirits of orange and cinnamon.—*Journal Pharmacy.*

[The practitioner may carry this with him labeled *aromatic elixir*, and under that name, using it as a vehicle, can give to children and fastidious patients the most nauseous and bitter drugs without difficulty. Eds.]

**CANCER.**—Prof. Esmarch, of Kiel, at the late Congress of German surgeons, drew attention to the fact that we are not warranted in dismissing every case of cancer as incurable, where an operation cannot be performed. He recalled the history of a lady who, when declared incurable, took arsenic on purpose to destroy her life. She failed in her design, but cured her disease. He adduced, with illustrative drawings, a large number of patients, the subjects of cancer or epithelioma, or of diseases indistinguishable from them, where large doses of iodide of potassium, or of arsenic, had cured the apparently hopeless malady.—*British Medical Journal*.

**BANDAGING FOR ULCERS ON THE LEG.**—Mr. Wm. Prowse, in *British Medical Journal*, says that the bandage should always be applied from above, downward. It can be applied more easily, and with greater uniformity and precision, by this method. A bandage thus put on, will keep its place for any required period, without becoming materially slackened. Plasters should be applied in the same way. Cut into strips an inch wide, and apply around the limb from above, downward, each strip being made to overlap, by a third of its width, the preceding one.

**APOCYNANUM CANABINUM IN DROPSICAL AFFECTIONS.**—Dr. Fentress (in *Med. Brief*) says the above agent is an admirable remedy for the removal of dropsical accumulations, in all cases unattended with inflammatory action. He uses the fluid ext., as follows:

R. Fluid ext. apocynum...dr. ij;  
Spts. lav. comp. ....oz. ss;  
Syr. simplex.....oz. iijss.

M. One teaspoonful every three or four hours, increasing or lessening the dose, as circumstances indicate. In

large doses, it is an active hydrogogue cathartic.

**ON THE HYPOTHESIS THAT THE HUMAN OVARIES CONTAIN MALE OR FEMALE OVA.** Prof. Mayrhofer, of Vienna, disproves, as he thinks, conclusively, the opinion advanced by Schultze in 1854, and recently supported by Ahlfeld, that the sex of the child is determined by the presence of male and female ova in the human ovary, the order of maturation and impregnation of which is a matter of chance. Mayrhofer believes that the sex is determined during conception by a vital interchange of quality between the ovum and semen.

Preservation of the semen by infrequent coition probably favors the formation of the male sex during conception. Observations in sheep breeding appear to prove the truth of this proposition; the ram begetting male lambs in the beginning of the season—but females later.

It is also exceedingly probable that mammals, cows, for instance, which have become impregnated during the early part of œstruation, more frequently bear female—others impregnated near the end of œstruation, male calves.

An interesting and important question for investigation bearing on this point would be to ascertain the proportion of male and female children in orthodox Jewish families. If the supposition be correct, that among the children of orthodox Jewish parents there are more boys than among the children of Christian parents, the reason would probably be found in the law, which declares the woman unclean during thirteen days from the beginning of menstruation.—*American Journal of Obstetrics*, October, 1876.

[We think it most probable, from ob-

servations by stock raisers, that the testicle determines the sex; an ovum fecundated by the spermatazoa from the right testicle producing a male, and the left a female. ED.]

**DIOSCORIA VILLOSA, OR WILD YAM.**—Dr. Goss, of Marietta, Ga., says, of this agent: From the use that I have made of it, I think that it acts directly upon the spinal cord, and the reflex nervous system—the umbilical plexus of nerves specially—and in over-doses it will cause hyperæsthesia of the spinal cord, brain, uterus, and abdominal nerves. But in medical doses, it is one of the most positive remedies we have for bilious colic (so called), which name is very inappropriate to many cases of colic; the vomiting of bile, in many instances, being the result of spasmodic retching. But there are cases of this disease that are caused by vitiated biliary matter; and others from biliary calculi obstructing the gall-duct. It is not only a valuable remedy for spasmodic colic, but also for some cases of neuralgia, especially for those cases that have their seat in the umbilical plexus. Here the pain runs from the hips to the ankles. In dyspepsia, where there is a dull pain in the cardiac region of the stomach, constant belching of gases, cramps of the stomach, or acute lancinating pains in it, then dioscoria will be of much service. In those cases it acts much like the sub-nitrate of bismuth. It has proved valuable in vomiting, pyrosis, and gastralgia of pregnant females; or, in cases of vomiting during the menstrual flow. In those cases of renal colic from the passage of calculi, which is often mistaken for bilious colic, dioscoria will give prompt relief. Combined or alternated with ipecac, it is a valuable remedy in

dysentery, relieving the tormina and tenesmus like opium. In severe attacks of angina pectoris, alternated with the cereus bonplandii, it will be found to give relief where morphia fails. It seems to oppose spasmodic contraction of muscular fibre in the abdominal and thoracic region. To get its benefits, however, it must be fresh, or tinctured while fresh; for, like many good remedies, it soon loses its strength.

**COCA.**—Dr. Tanner says: Whatever may be said from time to time about the effects of coca on the human system, this much is certain, that it causes timid people, who are usually ill at-ease in society, and particularly so before strangers, to appear to good advantage under these circumstances. In other words, it cures bashfulness. It will certainly prove of inestimable value to that class of people who have made themselves bashful and cowardly by an abuse of the sexual organs, as well as to those who are by nature diffident. It also prevents weariness, either mental or physical, which usually follows prolonged or severe exercise. There is no doubt that it possesses these properties in a high degree, as any one can readily satisfy himself by experiment.

**CHRONIC CHILLS.**—Dr. McNider, in *Brief*, says: I send you a prescription—an infallible one in my hands—for chronic chills, and am sure that no one will be disappointed who will give it a trial:

R. Ferri arseniatis..... 2 grs.  
 Quinæ sulph.....32 grs.  
 Ext. taraxaci..... .. q. s.  
 M. Ft. mas. et div. in pil. 32.  
 S. One three times a day, *after meals*.

The patient should be advised in regard to the arsenic; and when its effects

are seen the dose should be reduced to two a day, or even to one.

MIXTURE FOR NERVOUS INSOMNIA, (Graves).

R. Tincture of columbo.....  
Tincture of quassia.....  
Tincture of gentian.....  
Tincture of cinchona.....  
Muriate of morphia.....  $\frac{1}{4}$  to  $\frac{1}{2}$  gr.

M. Three tablespoonfuls a day, in a half cup of tea, one hour before the evening meal, to arrest the nausea and appease the nervous irritability and bring about sleep, particularly in persons who have committed alcoholic excesses—in certain cases lukewarm douches are a useful adjuvant. — *Progressive Medicine*.

EFFECTS OF MEDICINE UPON THE FETUS IN UTERO.—Dr. J. L. Cleveland, in a paper read before the Cincinnati Academy of Medicine, states: 1. That certain remedies, potassium iodide, salicylic acid, and chloroform, may pass from the maternal into the fetal circulation.

The acute exanthemata, scarlatina, measles, small-pox, and perhaps vaccination, can be propagated by the mother to the fetus, whether syphilis passed from the mother to the fetus, or *vice versa*, remains yet undecided.

The effect of maternal, mental, and emotional influences upon the vitality and development of the fetus is undetermined.

As to the therapeutic effects of medicines upon the fetus, almost nothing is known. There is only one class of remedies that are administered with the belief or hope that they will have any effect upon the fetus, viz., syphilis specifics, and the efficacy of these are stoutly denied by some.

Chloroform is known certainly to enter the fetal circulation, but it is not known

to exercise any pernicious effects. Zweifel claims jaundice may be caused. This, however, is not proved.

It has not been demonstrated that morphia passes into the fetal circulation, but clinical testimony seems to show that it sometimes does. Clinical experience appears to prove that in the hands of most practitioners, and in the vast majority of cases, opiates may be used with safety to the fetus.

It appears, however, on the other hand, from the testimony of some observers, that the hypodermic use of morphia to its full safe physiological effect produces in the tetus dangerous phenomena, cyanosis, impaired respiration, irregular pulse, contracted pupils, a disposition to sleep, and sometimes convulsions. It is of the utmost practical importance to us all that this latter point should be determined.—*Clinic*.

DIPHTHERIA.—Dr. Lucas writes:

*Editor Medical Brief:*

DEAR SIR—Having treated a large number of cases of diphtheria after the following plan, and not having lost a case, I briefly give the treatment, in your journal, to the profession. When called to see a case, I make the following prescription, varied according to age, etc.:

R. Fluid ex. baptisia.....2 drs.  
Fluid ex. phytolacea.....1 dr.  
Hyposulphite of soda.....4 drs.  
Aqua .....4 ozs.

Mix. Teaspoonful every two hours; also use as a gargle every hour or two; rub the neck with a mixture of sweet oil and spirits of turpentine, and then apply fat meat to the throat and, *keep it there*; in bad cases, rub the body all over with lard, at least once a day.

**PROGRESSIVE PERNICIOUS ANÆMIA TREATED BY TRANSFUSION.**—The patient complained of great weakness, frontal headache, dizziness, impairment of vision and hearing, numbness of fingers, loss of appetite, etc. His condition rapidly became most serious in spite of energetic treatment. Bronchitis set in, and the cerebral symptoms pointed to the risk of sudden and fatal syncope. Under these circumstances transfusion was determined on as a last resort, and it was performed on December 20th. The blood was conveyed from the vein of a healthy man directly to that of the patient by means of Aveling's instrument. The operation lasted about thirteen minutes, and between eighteen and twenty ounces were injected. As soon as the patient manifested uneasiness, the transfusion was stopped; he complained then of a sense of oppression about the chest, but in a little while became more comfortable. The operation was followed by a rise of the temperature, which reached its maximum (103° F.) on the next day, and also by an aggravation of the bronchitis. Ten days after the operation the patient was allowed to get up, and three weeks after he began to take out-door exercise. He was subsequently sent to the Convalescent Hospital, where for sometime he continued to improve. Then the old symptoms gradually returned, and he went home and died about two months after the transfusion. Dr. Glynn regrets that he did not return to the Infirmary, and that transfusion was not again practised.—*The Lancet*.

**CROTON CHLORAL IN TOOTHACHE.**—Dr. Cleburn writes to the editor of the *Medical Record*, that the specific effect of croton chloral hydrate upon the *fifth* pair in neuralgia suggested its use as an

internal and local anæsthetic in toothache. I have derived prompt relief from its use in 5-10 grain doses in the toothache of dyspepsia and pregnancy, and in those aggravating cases which occur in rheumatic and neuralgic patients. Failing to relieve by the ordinary remedies a severe attack of toothache, due to dental caries, I found that a mixture of equal parts of chrystallized cabolic acid, chroton chloral hydrate and solid Japanese oil of peppermint, promptly removed the pain and obtruded all sensitiveness during the process of filling.

**GLYCERINE A POISON.**—MM. Dujardin-Beaumetz and Audige have made some observations which tend to show that glycerine possesses poisonous properties. Two hundred and forty-five grammes, with an equal quantity of water, injected under the skin, killed a dog in forty-five minutes. Death always follows the injection of .8 of the animal's body-weight. In the only exception where it was recovered from, the animal had drunk large quantities of water. As much as 1.25 gives rise to convulsions of a tetanic kind, which continued till death. There is also increased temperature, sometimes the thermometer reaches 109°. After death, congestion of the cerebro-spinal meninges is seen.

**FUCUS VESICULOSUS**, is a sea-plant, known as 'sea-wrack.' It has been mentioned as a remedy for obesity, and cases have been reported which seem to establish its efficacy in preventing and removing the deposition of fat in the tissues. The fluid extract is given in doses of a half to one drachm three times per day. It is a good remedy, also, in suppression of the menses.



LAPAROTOMY.—Dr. D. T. Gilliam, Ohio, in *Clinic*, advocates surgical interference in cases of intestinal obstruction, having shown that the mortality, as indicated by the cases thus far reported, is only 20 per cent., while without the operation it is 80 to 90 per cent. He remarks:

"We consider the intestinal and abdominal distention suddenly evolved, with their retinue of morbid influences, as the main element of danger in laparotomy, and as the distinguishing difference between it and ovariectomy.

"The above suggests the necessity of keeping the abdominal distension at the minimum; acupuncture, or aspiration may be of service. Now as to the manner of operating. We do not propose to go into the details of the operation. A few suggestions here, with an application of the same rules relative to the abdominal section in ovariectomy, will be all that is required. Before opening the abdominal cavity, we must not forget the influence of temperature on the vital energies, and ample provision must be made for keeping up the body heat. The middle line is the place to cut; it possesses advantages over every other, and yields the best results. As there is usually much trouble in replacing the escaped viscera, it is advisable to make as short an incision as is compatible with ease of operating. For the same reason it is desirable to prevent the escape of the viscera during the operation. As it is often necessary to withdraw an intussusception before reduction can be effected, Mr. Hutchinson advises that the lower end of the invaginated mass be sought for and withdrawn from the cavity, which will obviate the necessity of removing much bowel from the

cavity. In dealing with intussusceptions it is always desirable to use kneading and pressure from the distal end, traction on the ensheathing bowel, and, if need be, much force, rather than to abandon the effort. If the section is made for the purpose of exploration, the search should be systematic and complete. First, make a sweeping exploration for hernial protrusions; then, commencing at the cæcum or sigmoid flexure, follow the large bowel in its entire length; returning, make a similar exploration of the small bowel. This may be a little tedious, but it is the only safe way, and is often accomplished while a random search is being carried on with negative results. And here, as we deem it, is the last and most important injunction. After thoroughly closing the abdominal wound and superimposing several layers of cotton-wool, *apply an elastic bandage over all to furnish the requisite pressure on the abdominal contents, and prevent the baneful effects portrayed above.*

SICK STOMACH.—Frequently we find sick people whose stomachs reject all kinds of nourishment until conditions follow that in many instances terminate fatally. In twenty instances in which we have heard the popular sick-bed nourishments prescribed and rejected by an invalid's enfeebled stomach, we have never known the simple saucer of parched corn, pudding, or gruel refused. The corn is roasted brown, precisely as we roast coffee, ground as fine as meal in a coffee-mill, and made either into mush, gruel, or thin cakes baked lightly brown, and given either warm or cold, clear, or with whatever dressing the stomach will receive and retain. Parched

corn and meal boiled in skimmed milk, and frequently to children with summer diarrhaea, will almost always cure, as it will dysentery in adults.—*Jour. Materia Medica*.

**A NEW TREATMENT IN POST-PARTUM HEMORRHAGE.**—Dr. W. Handsel Griffiths, in the *Practitioner* for March, 1877, speaks thus on the important subject of post-partum hemorrhage: Although not an obstetric practitioner, I have recently been consulted in two cases of severe post-partum hemorrhage. In both cases every means had been adopted, but unavailingly. It flashed across my mind in the first case to try the effect of the ether spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of the ether spray over the application of cold water, and the other means usually adopted in these cases, must be patent to every practitioner of midwifery.—*Practitioner*.

**SWEET SPIRITS OF NITRE A SOLVENT FOR SALICYLIC ACID.**—Dr. D. M. Barkley, Caseyville Ky., writes as follows to the *American Practitioner*: As the administration of salicylic acid has become so extensive, and a good solvent is desirable, I wish to make known, through the your journal, that spiritus nitrici dulcis (sweet spirits of nitre) is the best solvent. I have been prescribing it nearly two years, in the treatment of malarial fevers,

with uniform success; in many cases without the use of quinia. I employ this formula:

R. Salicylic acid.....dr. j.

Sweet spirits of nitre.....dr. jv M.

Sig.—One teaspoonful every two hours, for children; two to four teaspoonfuls for adults. It can be diluted with water if necessary, and can be combined with veratrum, gelsemium, aconite, etc. One ounce of nitre will dissolve sixteen grains of the pure acid, and make a clear solution.

**HYDROCELE.**—Dr. Newton, in the *Medical Brief*, says: My plan to prevent the return of the fluid is to follow the injection of equal parts of tincture of iodine and water by close pressure with adhesive plaster, re-applied daily for one week after the operation of tapping, close strapping the testicles upon the pubes. This is done in order that the two surfaces of the membrane may adhere by adhesive inflammation. I have permanently cured many cases that had previously been operated upon by tapping alone, without success. Without the strapping the sack remains open, ready very soon to fill again. By my treatment the sack is permanently closed.

**SULPHUROUS ACID IN CHRONIC URTICARIA.**—J. V. Shoemaker, A. M., M. D., in the *Medical and Surgical Reporter*, May 26th, relates a case of this trouble in which he tried all the remedies likely to benefit his patient, among which were alkaline and vapor baths. Different remedies were tried without success, until finally the patient was placed upon one-drachm doses of sulphurous acid in syrup and water three times daily. The patient speedily recovered.—*Practitioner*.

## Practical Notes.

**CHOLERA INFANTUM.**—The season for this dreadful infantile scourge is now at hand. We confess that we do not like the old calomel treatment so universally practiced by the profession. While, in some cases, we have observed good results from the early administration of mercurials in this disease, we have as frequently seen it increase the irritability of the intestinal mucous membrane. We have more faith in the following, recommended by Dr. Rosse, of the U. S. army:

R. Potassie. bromodi.....gr xxx  
Mucil. accaciæ. ....oz ij

Dose, ten drops to a teaspoonful every hour, or two, according to age and circumstances. A drachm of kramina added to the above prescription is said to increase its efficiency. This, alternated with minute doses of aconite, or gelseminum, cold water enemas where the bowels are troublesome, the tepid bath, or the wet pack, *plenty of cold, fresh water* to allay the thirst, and fresh milk, or condensed milk, as diet, has, in our practice, given the best results.

Prof. Davis, of Chicago, advises—

R. Acidi carbolici crystal..... iij gr.  
Glycerin..... ss oz.  
Tinc. camph. opii..... j oz.  
Aquæ..... jss oz.

Give twenty drops every half hour, 'till the vomiting ceases, then every four hours. In addition, we give minute doses of calomel every eight hours. If the discharge continues after the vomiting ceases, he gives small doses of turpentine emulsion.

Prof. Smith, of Bellevue Hospital, advises evacerants at the outset, preferring calomel to carry off the intestinal con-

tents—to be aided in its action by castor oil, or an enema. But, if there be no indigestible contents in the intestines, all purgatives are contra-indicated. The treatment should then be directed to diminishing the frequency of the evacuations. To a child one year old, one drop of laudinum may be given every two or three hours—watching its effects, stopping it if signs of stupor appear, or, at least, giving less of it. Opiates, and alkalies, and astringents should be combined, as—

R. Tinc. opii..... gtt. xij.  
Misturæ cretæ..... oz. iss.

One teaspoonful every two or three hours to an infant one year old. The astringency may be increased by adding tincture catachu, or kino. He allows a little ice in the mouth to allay thirst and nausea. A little Bourbon whisky, or brandy, is also allowed. (*Naphey*).

This we regard as but a fair sample of the old treatment, and very unsuccessfully practiced by a great many physicians, even at the present day.

In the Nursery and Child's Hospital, New York city, they rely much on the two following prescriptions:

R. Creosote..... gtt. j.  
Aqua calcis..... oz. ij.  
M. . One teaspoonful with a teaspoonful of milk, frequently given. Or—  
R. Potassæ bicarb..... gr. xxv.  
Acidi citrici..... gr. xvj.  
Aquæ amygdalæ amaræ.... oz. j.  
Aquæ..... oz. ij.  
M. Teaspoonful *pro re nata*. (*Naphey*.)

Meredith Clymer, of New York, recommends the sulphites of soda, or potassa, with limed whey. Flannel wrung out of hot water, and on which laudinum is poured, applied to the spine to check vomiting; skin to be excited

by warm alkaline baths, and frictions; afterward wrapping the child in flannel. Limed milk and gelatine, as food, or the raw meat diet, finely grated, or pounded in a mortar to a pulp, and passed through a seive, salted and flavored—half an ounce may be given at a time, and increased if well borne. If tonics, or stimulants are indicated, give minute doses of arsenic and quinine, the chloride of iron, or tinc. nux vomica. Wine whey, brandy, and water, with aromatic spirits of ammonia, are the best stimulants.

Dr. Thomas Hay, of Philadelphia, claims excellent results in cholera infantum with the following treatment:

R. Hydrarg. chloridi mitis... ij grs.  
Bismuthi subcarbonatis...xv-xl "  
Pulv. ipecac..... i-ij "  
Pulv. sach. alb..... xij "

M. Ft. eight powders; one every two hours for two or three days, or until the tongue becomes moist and the discharges change color and consistency; then complete the cure with the following:

R. Bismuthi subcarbonatis.. xvj-xl grs.  
Pulv. ipecac ..... i-ij "  
Pulv. aromatici..... ..vijj-xvj "  
Pulv. sach. alb..... xij "

M. Ft. chart. viij; one every three or four hours in a little milk. A little ice may be allowed in the mouth frequently. Counter-irritation to the abdomen at intervals of three or four hours, and mother's milk, or cow's milk and lime water in small quantities at regular intervals. (*Naphey.*)

Dr. L. G. Lincecum, of Texas, writes us: "I will send you an infallible remedy for cholera infantum, easy to give, and very certain in its action, and good in all colliquative diarrhoeas:

R. Podophyllin..... j gr.  
Tannic acid..... j "  
Sacch. alba.....xij "

Mix by thorough trituration in mortar, and divide in chart. No. xij; one powder, dissolved in cold water, every three hours, until the actions change color and consistency. I have treated two marked cases of scorbutus successfully with salicylic acid in four grain doses three times a day, with an external wash of carbolic acid dilute (20 per cent.) to the diseased portions of the body."

DYSENTERY.—Early in the attack, let the patient keep cool and quiet, putting a large sinapism on the abdomen, and use the following:

R. Epsom salts .....dr iss.  
Camphor water.....oz viij.  
Sulph. morphine.....gr i.

M.

Take a tablespoonful ever hour until the evacuations change, and then not so often. Diet should be boiled milk, or rice milk. The above remedy sometimes stops the disease suddenly without any purgative action. In other instances the discharges become thin, or billious, unattended with tormina, or distress, and the disease ceases, or may be terminated by a decided opiate. W.

Dr. Schwalbe, of Costa Rica, a country where dysintery is very prevalent, advises the use of copious warm water injections (100° fah.) three or four times a day, early in the attack, until the colon is entirely empty, and washed out. If the tenesmus is troublesome he uses—

R. Sulph. atropia.....gr j.  
Aqua distil.....oz j.

M.

Two or three drops, every half hour, in water, until the pupil enlarges.

Where the pain is severe, attended with fever, and thirst, give—

R. Acidi. muriatic dilut. ....dr ij  
Sulph. morph. ....gr ij  
Aquaë distil. ....oz iij.

M.

A teaspoonful every three, or four hours.

#### IPECAC TREATMENT OF DYSENTERY.—

Give to an adult—

R. Tinc. opii. ....gtts xxx  
followed, in a half hour, by ipecac, grs. xxv to xxx, given in as little fluid as possible. The patient to remain quiet, in bed, using no drinks for three hours. If, very thirsty, a little ice may be kept in the mouth, or may take, occasionally, a teaspoonful of water. Under this plan vomiting seldom occurs; at, least, not usually under two or three hours, the ipecac inclining to a purgative action. sinapisms, and fomentations, should be used to the abdomen. In eight, or ten, hours, according to the effect produced, and the urgency of the symptoms, the ipecac may be repeated, in a reduced dose, with the same precautions as before. The effects of this treatment are often surprising—the motions become feculent, the tormina subsides, perspiration ensues, and a rapid improvement occurs.

CORNEAL OPACITIES.—Tannic acid dusted into the afflicted eye freely, once or twice a day is probably the best remedy known for corneal opacities. The irritation it occasions is temporary and slight, and the relief afforded is prompt and decided, though the cure requires time and constitutional treatment.

The opacity remaining after keratitis may be greatly benefited by injecting under the conjunctiva, after the inflammation has subsided, a solution of com-

mon salt—a few drops to be injected once in eight or ten days, as per following:

R. Common salt pure. ....gr x.  
Distel water. ....dr i.

CORNEAL ULCER.—A distinction must be drawn between corneal ulcer and corneal opacity; calomel, in impalpable powder, dusted in minute quantity in the ulcerated eye once a day, is an excellent remedy: Also PAGENSTECHE'S OINTMENT is highly lauded for ulcerated cornea.

R. Hydrarg. oxide flav. ....gr. xxx  
Olei olivæ. ....dr ij.  
Adipis ....oz j.

It is suggested as repose and exclusion of the light are important elements in the treatment of corneal ulcer—that a gentle compress moistened with water, and kept constantly on the lid for successive days, would be likely to favor the healing process in such cases.

#### ASCARIDES VERMICULARIS.—

R. Muriated tinct. iron. ....oz ss.  
Lime water. ....pt j.  
M.

Ft. injection. Use one half at night, and the other half in the morning.—*Lon. Med. News.*

In conjunction with the above, it is well to apply a little mercurial ointment to the anus, and adjacent parts, to destroy the ova which are frequently deposited outside of the rectum.

CHLORAL LOCALLY IN NEURALGIA.—Chloral hydrate, dissolved in water in the proportion of three drachms to eight ounces, to which half an ounce of glycerine is added, makes a good local sedative to neuralgic pains. Apply upon lint saturated with the solution, and cover with oil silk or other impervious material.

**APTHOUS ULCERATIONS.**—For apthous ulcerations, in children, give a moderate dose of hydrargyrum cum. creta, in a teaspoonful of the syrup of rheubarb, and use frequently, with a rag mop, the following solution :

R. Sodæ sulphitis.....dr j.  
Aqua.....oz j.

M.

Another—

R. Sodæ biboratis. ....dr j.  
Glycerine.....oz j.

M.

Another—

R. Potassæ chloratis.....dr j.  
Mellis .....oz ss.  
Aqua.....oz ij.

To be used locally, and a little to be swallowed. W.

**KEROSENE OIL IN CROUP.**—Dr. Harvey (in Med. Rep.) reports a violent case of membranous croup (?) relieved by a teaspoonful dose of kerosene oil, repeated in four hours.

**CHLORAL FOR FALSE MEMBRANE.**—In the false membranes of croup and diphtheria an Italian doctor uses, with astonishing success, glycerine and chloral as follows:

R. Glycerine.....dr. v.  
Hydrate of chloral .....oz. j.

M. Apply to the false membranes three or four times a day with a camel's hair brush.

From the moment the application is made the diphtheritic deposit ceases to spread, and the characteristic fetor of the breath disappears.

**JAUNDICE.**—We notice in an exchange a case of jaundice which recovered in an unusually short period under the following as the leading prescription :

Leptandrin, a half grain added to each dose, or a teaspoonful of the following :

R. Tinct. verat.....gtt. xl.  
Tinct. belladonna.....“ xx.  
Acetate potassii.....oz. ss.  
Water.....“ iv.  
Once in four hours.

**LUMBROCIDES.**—A very convenient, and efficient. vermifuge is the following :

R. Aromatic syr. rheubarb..... } aa  
Fluid ext. pink root..... } oz ss

To child, three to five years old, give a desert spoonful, adding to the dose—calomel, grs v. and, santonine, grs j; and give at bed time. To be repeated next day, if necessary.

**SULPHATE OF ZINC IN CHOREA.**—Dr. Dickerson, in London *Lancet*, recommends the sulphate of zinc as the remedy *par excellence* in chorea. Give a grain three times per day, and gradually increase the dose until fifteen to twenty-five grains are reached. If sufficiently diluted it will, he says, cause no sickness, but the nervous jactitation will cease.

**TOOTH POWDER.**—No better tooth powder has ever been devised than that originally used by the celebrated John Hunter, as follows:

R. Cremor tartar.....oz iij.  
Pulv. alum.....dr. ivss.  
Pulv. cochineal.....dr. iv.  
Pulv. cinnamon.....dr. ss.  
Pulv. loaf sugar.....oz. i.

**CHRONIC GLEET.**—Chronic gleet is being cured in Vienna by medicated bougies composed of gelatin combined with tannin or other suitable astringent. The bougie is passed into the urethra to remain until it is dissolved.

**CAUTION IN THE USE OF SALICYLIC ACID.**—It has been ascertained that salicylic acid possesses a strong affinity for the calcareous salts of bone, so that its free and prolonged use would tend to caries and necrosis.

**CHRONIC HEPATITIS.**—The patent Liver Regulators and Pills, have well nigh taken the treatment of chronic liver affections out of the hands of the practicing physician, and yet what are these agents but simple articles in common use. All cases of indigestion and constipation, are ranked under the common head of "*Liver Complaint.*" Even many practicing physicians confound torpor of the duodenum, or constipation of the upper bowel with hepatic disease. All purgatives which act upon the upper bowel, give temporary relief to these so-called liver affections. Hence the popularity of Simmons Liver Regulator—the laxative influence of the senna doing the work. The following pill will be found an efficient purgative in the cases referred to:

R. Podophyllin

Capsici ..... aa gr v

Pulv. Rhei..... gr xii

Ft Pills No. 12.

One every other night—and when the liver is tender and engorged, or when subsacute or chronic inflammation exists, this pill, in conjunction with the old fashioned *nitro muriatic bath*, is an excellent treatment.

See Eberle's Practice, or U. S. Dispensatory for the bath.

**ACID DEPOSITS IN THE URINE—GRAVEL.**—In gravelly affections, having ascertained by the use of litmus paper, that acid deposit exists, which is usually the case—(also indicated by the brick dust colour) use internally,

R. Potassæ bicarbonatis.....dr xii

Acid citrici.....gr x-xx

Aquæ.....oz xii

Give one or two table spoonful largely diluted with water, three or four times a day.

The bicarbonate of soda may also be used, or the following—by Dr. Venable, of London:

R. Sodii boratis.....gr vii

Sodii bicarb.....gr ix

Syr aurantii corticis.....oz iss

To be taken during the day.

Dr. S. W. Butler recommends:

R. Fresh root of hydrangea arborescens..... 2 pounds

Water..... 6 quarts

Boil down to two quarts—strain and add one quart of honey, and boil to one quart. A teaspoonful three times a day. (Naphey.)

**CHRONIC MAMMITIS.**—The healing of suppurating mammæ may be greatly promoted by firm and uniform pressure upon the entire gland, the fistulous orifices being left open to give free vent to the pus. The pressure can best be done by adhesive strips carefully applied. As an internal resolvent and tonic, to be used during the above treatment, the following formula will usually prove beneficial:

R. Syrup of the iodide of iron... oz. j.

Com. tinc. gentian..... oz. viij.

M. Teaspoonful three times per day. Or, may give the muriate of ammonia thus:

R. Muriate of ammonia..... oz. ss.

Water..... oz. xii.

Tinc. of iodine..... dr. ss.

M. Tablespoonful three times per day.

**HÆMATURIA.**—Prof. Gross, of Philadelphia, recommends—

R. Olei terebinthinæ.....

Acidi sulphurici diluti aa... dr. j.

Acidi gallici..... gr. xxx.

Mucilag. accaciæ..... oz. j.

Aquæ..... oz. j.

M. A desertspoonful every three

hours. Ice to be used on the region of the bladder, and rest and quiet to be enjoined.

Dr. Erlangen uses the following in conjunction with cold applications :

R. Fluid ext. ergot..... dr. j.  
 Tannin ..... gr. xxx.  
 Water, distil..... oz. vj.  
 Syrup..... oz. j.

M. Dose, one tablespoonful every two hours.

ANGINA PECTORIS.—Formula for :

R. Tinct. digitalis  
 Tinct. belladonnæ  
 Tinct. valerianæ  
 Spiritus ætheris nitrici aa dr i

M—Dose ten to twenty drops during the access of pain ; stimulating frictions, or a sinapism, over the sternum and between the shoulders ; or the hypodermic use of atropia or morphine. As an alterative to prevent or lessen the frequency of the attacks, give

Quinæ Sulphas ..... grs xxx  
 Acidi arseniosi..... grs ss  
 Ex't valerian ..... q s

Ft Pills No. 30.

Dose—one three times per day.

GALLIC ACID IN PHTHISIS.—Dr. Hutt (*Medical and Surgical Reporter*) has found gallic acid to possess superior advantages in the severe and exhausting coughs of phthisical patients, even resulting in the formation of cicatrix and cure in some cases. His formula is :

R. Acid gallic ..... 1 drachm.  
 Pulv. doveri..... ½ “  
 Pulv. cubebæ..... 1 “  
 Pulv. acaciæ ..... 1 “  
 Pulv. glycyrrhizæ radicis.. ½ ounce.

Sig.—Half teaspoonful, dry, every three or four hours.

TOE ITCH.—Use Citrine Ointment, and keep the feet cool and dry.

CHLOROFORM AS A LINIMENT. —

There is no liniment which we have ever tried equal to chloroform as a “pain killer.” Apply upon a handkerchief, or folded cloth, pressing it upon the part, and moving it an inch or two occasionally, to prevent its blistering. If the part be moistened, or the cloth used be damp, the irritation or burning is increased. It may be made to burn the scalp through the hair to the relief of headach.

ACUTE NEPHRITIS.—Apply cups freely over the kidneys. Use two or three large enemas of warm water, after which, the bowels being evacuated, put the patient to bed ; put a large anodyne poultice on the small of the back ; keep warm in bed, and give, internally,—

R. Tinc. gelseminum.... dr. j.  
 Water..... oz. ij.  
 Brom. potassium..... dr. ijss.

M. Teaspoonful every two to four hours.

MILK BEER.—The French are manufacturing a new beer, *la Biere de Lait*, prepared on the same principle as other beers, except that milk is used instead of water. The taste is less bitter, and decidedly agreeable, and is likely to become a nutritive beverage of great utility combining all the nutritious elements of the milk with the tonic and invigorating properties of the malt.

THE USE OF HYPOPHOSPHITES OF LIME AND SODA IN PHTHISIS.—Dr. Charteris, of Glasglow, states that he has satisfied himself of the power of the hypophosphites to check the night sweats of phthisis, even when all treatment of a curative kind was of little avail. They were first used alone, and afterwards combined with glycerine.—*New Rem.*



**PURGATIVE AND DIURETIC.**—As a formula which will act freely upon both the kidneys and bowels, Dr. Porcher, of Paris, uses—

R. Sulphate of soda.....  
 Bitartrate of potash, aa..... oz. j.  
 Sweet spirit of nitre..... dr. ijss.  
 Syrup ..... oz. j.  
 Water..... oz. vss.

M. A tablespoonful twice daily.

**PERITONITIS.**—Hugh Miller, M. D., (Obstec. Soc. Lond.) reports a number of cases of the above formidable malady successfully treated with terpine stupes to the abdomen, and full doses of Dovers Powder.—[Add Tinct. Veratrum to this treatment, in doses to keep the pulse reduced, and you have it.—Editor.]

**CHOLERA MORBUS—CRAMP COLIC.**—

R. Tincture gelseminum,  $\frac{1}{2}$  drachm; sulphate morphia,  $\frac{1}{4}$  grain; mix. Sig. Give at once. If rejected, double the quantity of both, and give at a dose. This, in nearly every instance, brings the case completely under control.—*Medical Times and Gazette.*

**OBSTINATE DIARRHŒA.**—Oxide of zinc is said to be a powerful remedy in obstinate cases of diarrhœa.

R. Oxide of zinc..... gr. j.  
 Bi-carb soda.....grs. x.

Divide into six powders; one to be taken every three hours.

**ANÆSTHETIC MIXTURE.**—Powdered camphor, 4 drachms; sulphuric ether, 1 ounce; dissolve. On applying the mixture for a minute to the part where a superficial operation is to be practiced, local anæsthesia is temporarily produced.—*Medical Brief.*

**CASCA BARK.**—Caska bark is a product of West Africa. It is poisonous and its action resembles that of digitalis. It controls the pulse and strengthens the

heart's action, and increases the flow of urine.

## Scientific Items.

**MATERIALISTIC PSYCHOLOGY.**—In a recent address delivered before the Victoria Philosophical Institution, reported in the London medical journals Dr. Winn summed up his arguments in the following manner:

1st. It was evident that no great discovery as regards the functions of the brain and nervous system has been made since the days of Sir Charles Bell and Marshall Hall.

2d. That in no instance has it been found that vital and physical force were interchangeable. The doctrine, therefore, of correlation of force could not be applied to the elucidation of vital or mental phenomena.

3d. That respecting the nature of insanity, there are questions which cannot be answered by materialistic psychology, and that a recent attempt to frame a classification of mental diseases without taking the physical element into consideration had proved an utter failure.

4th. That memory which it had been confidently asserted was a bodily function, could not be localized in any part of the brain, the microscope as yet having failed to detect the faintest indication of the symbols of any language impressed on the cells of the brain.

5th. That the doctrine of unconscious cerebration, of which we have lately heard so much, and which, if true, would reduce man to a mere automaton, admits of an explanation that does not require us to recognize the exclusion of the highest faculties of mind.

## Editorial and Miscellaneous.

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☞ All communications relating to the business of **THE RECORD**, for the year 1877, must be addressed to  
**DR. B. C. WORD,**  
Business Manager Southern Med. Rec.,  
Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☞ Send money by check, postal order, or registered letter.

☞ Write your name, post-office, county and State plainly.

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**PLEASE READ.**—We send this No. as a sample to many who are not on our list. We have this to say to them. We are publishing a journal which aims to be practical and useful to the busy practitioner. It is not perfect, is not what we intend to make it, but we believe, and we have hundreds of testimonials in proof of the assertion from those who have been taking it, that for plain and practical information suited to the wants of the village and county practitioner, it is unequalled by any journal in the United States. It will cost you but little to test our opinion in this matter. We ask you to take our journal for twelve months and try it. May take it for six months if you prefer to do so, commencing at any time, but as your volume would be incomplete, it is best to take the back numbers from January.

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### THE POCKET CASE OF DRUGS.

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We are aware that the country physician seldom carries a pocket case of drugs, using only the saddle bags. In this they impose upon themselves much inconvenience. The pocket case, if judiciously arranged, will enable the physician in a great degree, to dispense with the saddle bags. As a sign or advertisement it may be well for the young physician to carry his saddle bags at all times when riding, but he will seldom have occasion to open them, if he carries a well-arranged pocket case. The

pocket case furnishes a good index by which to judge of the qualifications of the practitioner. If he is of the old foggy list, and grown somewhat careless, his pocket case, if he has one, contains but three or four phials upon which are no labels; it is half worn out, stained and dirty, and his whole armamentarium for combatting the multiform maladies of his fellowmen consists usually of a little *laudanum*, *quinine*, *Dover's powder* and *blue mass* or *calomel*. But if he reads the journals, and is a progressive man with a conscience alive to the duties and responsibilities of his profession, he will endeavor to avail himself of the late improvement, and the many new and valuable therapeutical agents that have come to light, so that when a patient trusts his health and life to his skill and judgment he will be able to feel, whatever may be the result of the case, that he gave him all the advantages of the present state of medical science so far as he could obtain them, and his conscience will be void of offense: Otherwise he has trifled with human life, betrayed the confidence of his patient and dishonored himself and his calling.

But as the physician cannot carry a drug shop with him, he should select as far as possible, a list of the leading and most valuable articles, in a form compact, neat, ready and convenient. While it is admitted that the selection in regard to remedies of the same class, may vary with the views of different men, the one for instance selecting as an astringent tannin, and another kino, etc., yet there

ought to be in the general outline, an approximate uniformity, which, in variety, would give expression to the present status of therapeutics as held by the leading and progressive minds in the profession. Without extending our remarks on this subject we subjoin our view of a pocket case, and what it should contain :

Let the case consist of a double row of ten, two-drachm, phials, making twenty in all, and a lapel pocket in it, for papers and powders ; the phials to be filled and labeled as below—the saddle-bags to contain the same in larger quantities, with cups, an elastic syringe, a pocket-case of instruments, adhesive plaster, a little patent lint, blistering ointment, or fluid, and, in the vest pocket, a hypodermic syringe :

#### POCKET-CASE OUTFIT.

Tinc. Aconite,	Hydrag. Cum. Creta,
Tinc. Gelsemium,	Creta Preparata,
Tinc. Veratrum,	Podophyllin,
Dood. Tinc. Opii,	Pulv. Doveri,
Tinc. Wild Yam,	Acetate of Lead,
Carbolic Acid,	Sulph. Quinine,
Nit Silver,	Chloroform,
Fluid Ext. Ergot,	Hydrate of Chloral,
Ipecac,	Brom. Potassium,
Sacharated Calomel,	Sulph. Morphine.

A little tannic acid, subnitrate of bismuth, and santonine may be carried, in the lapel-pocket of the case.

With this in your side-pocket, whether at church, at a picnic, or elsewhere, you are pretty well prepared for emergencies.

#### AMERICAN MEDICAL ASSOCIATION.

The American Medical Association assembled in Chicago on the 7th inst. The meeting was of full average attendance, there being present six hundred and fifty members. Many new mem-

bers were initiated. President Bowditch called the Convention to order, and addressed the body. The Secretary read various reports from different States.

The Committee on Publication rehearsed the many difficulties they had encountered with the printers, &c., as apologetic for the late appearance of the transactions of last meeting.

The Treasurer's Report showed the Treasury exhausted, by reason of \$6,000 paid for Prize Essay, in addition to the outlay for Transactions.

The address of Dr. E. M. Hunt, on Public Hygiene, expressed the hope, as not unreasonable, that we will yet discover means of protecting the system against zymotic diseases.

The Librarian's Report shows the Association possessed of 2,034 vols.

Dr. Squibb read a paper on the Revision of the U. S. Pharmacopoea, and favored the appointment of a committee to report at next meeting. He was opposed by Prof. Wood, in a speech of some vehemence. The whole matter was, finally, postponed indefinitely.

Meetings were held by the several Sections on Obstetrics, Surgery, Anatomy, &c., wherein many important matters were discussed. Reports are yet too meager for the publication of the details of the subject matter of the proceedings. These we hope to obtain hereafter for the benefit of our readers.

The Committee on Nominations, report the following as officers for the ensuing year, to wit: For President, T. G. Richardson, of Louisiana; Vice-Presidents, J. P. White, N. Y.; M. Gunn, Illinois; G. W. Russel, Connecticut, and A. Dunlop,

Section of Medicine, Materia Medica and Physiology: Chairman, A. L. Loomis, N. Y.; Secretary J. H. Ethridge, Illinois.

Section of Obstetrics and Disease of Women and Children: Chairman, E. W. Jenks, Michigan; Secretary, H. O. Marcy, Mass.

Section of Surgery and Anatomy: Chairman H. N. Smith, of Pennsylvania; Secretary, E. J. Easley, Arkansas.

Section of Medical Jurisprudence: Chairman, W. Kempster, of Miss.; Secretary, E. A. Hildreth, West Virginia.

Section of State Medicine and Hygiene: Chairman, J. L. Cabell, of Va.; Secretary, Z. E. Marsh, N. J.

Time and place of next meeting—Buffalo, N. Y., first Tuesday of June, 1878.

#### CONSULTATIONS—A QUERY.

Dr. J. J. G., writing from Providence, Miss., after agreeing with the views expressed in our last issue, in regard to consultations, asks: "What is a physician to do when he believes, or knows, the diagnosis and treatment in the case has been wrong, and he is called upon by intelligent friends of the patient to give them his honest opinion as to the nature of the case, and the treatment previously used—you thus find yourself in a *corner*—how are you to get out—by telling your honest opinion, or *lie* out to save a brother M. D.'s character?"

This would seem to be a poser at first sight; but, when it is considered that consultations are not called to sit in council, on the character, ability, or conduct of the attending physician, or to determine what ought to *have been done*, but, rather, to act upon the case as it stands, it is manifest that questions from the friends, or outside parties, in regard

to the previous conduct of the case, are improper, and irrelevant to the objects in view, and ought not to be asked, and *should not be answered*, unless favorable to the attending physician. The ethics require that the directions agreed upon in consultation should be communicated by the physician first in attendance. No statement, or discussion of it, should take place before the patient, or his friends, except both parties are present, and consent thereto; "*and no opinions, or prognostications*, should be delivered which are not the result of previous deliberation and concurrence. \* \* \* Neither by word nor manner should any of the parties to a consultation *assert, or insinuate*, that any part of the treatment pursued did not receive his assent."

In the event of irreconcilable difference of opinion, the fact should be kindly and respectfully stated to the friends, and "a third physician, if practicable, be called, to act as umpire. If circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide."

Our senior editor, Dr. T. S. Powell, was appointed a delegate to the late meeting of the American Medical Association, but was unable to attend by reason of sickness in his family.

UNIVERSITY OF NEW YORK.—See the advertisement of this old and well-established Medical College, in present issue. It needs no commendation, being widely known as ranking high among the very first on the continent.

CINCHONIDIA.—This article, as manufactured by Powers & Weightman, is now attracting much attention from the profession as a substitute for the sulphate of quinine.

PREMIUM.—See premium notice on first page of advertisements.

# THE SOUTHERN MEDICAL RECORD.

VOL. VII.

ATLANTA, GA., JULY 20, 1877.

No. 7.

THOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M. D.,  
B. O. WORD, M. D.,

} EDITORS.

B. O. WORD, Business Manager.

SUBSCRIPTION: TWO DOLLARS PER ANNUM, IN ADVANCE.

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## Original and Selected Articles.

### CINCHO-QUININE.

By FERDINAND KING, M.D., Ph. G., Atlanta,  
Georgia.

Modern medical economists have for sometime past been busily engaged in hunting a substitute for sulphate of quinine, in consequence of the scarcity and high price of that well known, valuable therapeutic agent. In their experiments and investigations, which have been more vigorously prosecuted in the Western and Southern States than elsewhere, they have not confined themselves exclusively to the small group of alkaloids derived from the cinchona, but they have tried almost everything possessed of a characteristic bitter taste, in which the anti-periodic or febrifuge properties of cinchona alkaloids might possibly be found. In searching for this longed-for substitute, our profession has been seriously imposed upon by an army of silver tongued agents, sent among us by unscrupulous, money-grabbing, Pharmacal manufactures, who, by their smiles and flattery, induce not a few of our most intelligent practitioners to try their quinine substitutes. In this way they create a temporary demand for their preparations, there-

by enriching the new manufacturers at the expense of the physician's reputation, and oft-times the life of the unfortunate patient. As the effects of the cinchona alkaloids are sure and certain, I think we lose ground every time we deviate from the old and long beaten track. The scientific investigator has, so far, failed to find anything possessing even a tithe of their well-known anti-periodic and febrifuge properties. A new discovery, now and then, enjoys some reputation, but it is short lived, and soon succumbs to cinchona and its invincible allies.

There are, it is true, some serious objections to the employment of the alkaloids when we administer them *singly* or *uncombined*, such as urticaria, etc. These unpleasant symptoms, in a majority of instances, depend upon some idiosyncrasy of the patient, just as catarrhal indications, not unfrequently follow the administration of iodide of potassium. These consequences, observable in such a small per cent. of patients where valuable therapeutic agents are administered, I am sure should not prejudice us against their general use. The same objections urged against the use of sulphate of quinine under certain pathological con-

ditions may, with equal propriety, be applied, as above intimated, to the other single alkaloids of cinchona—i. e. quinidia, cinchonidia, quinquinia and cinchonia. Unpleasant symptoms are noticeable when we administer any of the alkaloids, just enumerated, in large or heroic doses. To produce "quininism" by administering any of these single alkaloids, save quinine, we must employ larger doses than of the latter agent. For instance, let us take sulphate of cinchonidia. I think it perfectly worthless as anti-periodic, unless we give at least three times as much of it at a dose as of the sulphate of quinine. When given in large doses, we find all the symptoms of "quininism" present—such as cerebral disturbance, evinced by a feeling of tightness in the head, ringing in the ears, difficulty of hearing, etc. It seems that more or less of these symptoms must, in a measure, be secured before our patient can be relieved of his malarial depression; therefore, as such a large quantity of sulphate of cinchonidia is required to procure the "quininism," I think we practice poor economy when we prescribe it.

The *modus operandi* by which cinchona or its alkaloids relieve malarial fevers, or influences, is not understood by a large number of our profession; and that it is often hypothetically employed by the average practitioner no one will pretend to deny. Many of these hypotheses are, no doubt, oftentimes correct, though the result of guess-work. We all know that the blood undergoes the most remarkable changes where patients are suffering from malarial poison. There is a marked increase in the quantity of the plasma or alkaline fluid, while there is a corresponding decrease in the red globules or corpuscles. This condition is plainly evinced by the characteristic paleness always observable in patients suffering from malarial anæmia. Scientific and intelligent physicians will readily agree that it is necessary to restore the blood to its normal condition before we can bring back to our patient his wonted health. Therefore we should examine his

blood, and learn what elements are wanting before we administer remedies. We should then give him such medicinal agents as are calculated to replace the lost elements and restore the blood to its original healthy condition. We find nothing in our materia medica that meets all the indications observed in patients suffering from malarial poison as completely as cinchona or Peruvian bark itself; but owing to its bulk, and the length of time required for its assimilation, it is objectionable. The ingenuity of the scientific and progressive pharmacist has, however, overcome these objections, and given us all the active principles of the Peruvian bark in a combination very appropriately called by its manufacturers (Messrs. Billings, Clapp & Co.,)

#### CINCHO-QUININE.

In this combination we find the nearest approach to the original substance, Peruvian bark, that modern science has yet attained. It is, as before stated, a combination of all the active medicinal principles of the best cinchona bark; and after the long and thorough test it has had, it stands unrivaled as a prompt, safe and uniformly reliable anti-periodic, possessing all the advantages and none of the disadvantages of sulphate of quinine, or any of the *single* alkaloids of the cinchona. It is entirely free from such external agents as sugar, liquorice, starch, magnesia, etc. It is wholly composed of the bark alkaloids, viz: quinia, cinchonia, quinidia, cinchonidia and the other alkaloidal principles which have not been distinctly isolated, and the precise nature of which are not well understood. Analyses attests the presence of all these alkaloids in cincho-quinine. In its preparation all the active tonic and febrifuge principles of the bark are secured without the bulky, inert, lignin, gum, tannin, etc. It exerts the full therapeutic influence of the sulphate of quinine in the *same dose*, without oppressing the stomach or creating nausea. It seldom produces cerebral distress, as quinine does, and I have found it to produce

much less constitutional disturbance than the latter agent.

While engaged in the practice of medicine in the swamps of Alabama, where chills and fever were found in every family in my territory, during the late summer and early fall, I learned the value of cincho-quinine as a therapeutic agent in treating these maladies. I could not cure my patients with quinine alone, as it simply acted as a cerebral stimulant, and did not restore any of the lost elements to the blood. Having procured a sample bottle of cincho-quinine, and being pleased with its combination, I administered it to some of my *worst* cases, in whom I had the extreme pleasure of noticing a marked improvement from the very first dose, and a permanent cure at the expiration of one or two weeks. I found no difficulty in inducing the most delicate child, or squeamish female, to swallow the remedy, as it was quite soluble, almost tasteless, and did not leave that clinging, lasting bitter taste peculiar to the sulphate.

One of the main points I desire to impress upon the minds of those who read this article is, that cincho-quinine is not sulphate of quinine, it is not sulphate of cinchonidia, it is not cinchonia, but it is these and all the other alkaloids of cinchona in COMBINATION, and it is this composition, this representation of all the medicinal principles found in Peruvian bark that gives it the value claimed for it over and above all other preparations, or any one of the alkaloids of this valuable bark.

A majority of our oldest practitioners are agreed that larger quantities of quinine are required to treat, successfully, malarial diseases at the present time than when that salt was first introduced to the profession. This, in my opinion, is not owing, as many suppose, to the inferior quality of quinine as it is now found in the market, but because it is too *purely* and *solely* a sulphate, lacking in those properties that were found in the salt as prepared by pharmacists several decades ago. As produced then, it contained many of the alkaloids now

found in cincho-quinine, and which contribute to the value of the latter combination as an anti-periodic and febrifuge.

The cincho is not "explosive" in its action, as in the *combination* the amount of nitrogen, always present in alkaloids, is greatly diminished by uniting them, hence less cerebral feelings and less constitutional disturbance follow its administration than are usually attendant upon the employment of the *single* or uncombined alkaloids. The same rules, as I before stated, are to be observed with regard to the use of the cincho-quinine that govern us when we employ the sulphate. It is given in the same doses, and where the *siège* treatment is indicated, it commends itself to the special attention of our profession everywhere.

Not only should the real value of cincho-quinine recommend that salt to physicians, but its low price is another inducement for us to prescribe it. It is less costly than the sulphate, while the dose is the same. The price of it fluctuates with the rise and fall of Peruvian bark, just as in the case of the sulphate, still it is at all times furnished at about half the cost of the latter article. Some may ask why cincho-quinine has not come into more general use in the South. To such I would say, it is from the fact that it has not been so extensively advertised as sulphate cinchonidia, chinoidine and some other anti-periodics of far less comparative value that have poured into the offices of a large number of our physicians. The cincho-quinine stands on its own merits, and its use will be universal when it has been tried more thoroughly by the intelligent practitioner. I know personally, at this comparatively early period, of quite a number of physicians in the lower, or malarial regions, of our State who employ it to the almost entire exclusion of quinia and the single alkaloids of the same class. Indeed they use the latter only in purely nervous affections. It is not pushed upon our profession by an army of smiling agents that infest our country, popping up here and there, singing songs and tipping social glasses with the liberal

members of our medical societies at their annual reunions or meetings. Its manufacturers claim no special praise for giving us this valuable anti-periodic and quinine substitute. And here I would state, rather parenthetically, that "we are under lasting obligations" to no living firm of manufacturing chemists for any of the cinchona alkaloids, as they were all discovered prior to 1835. The praise for scientific discoveries should be given, in my humble opinion, to him who first makes it known, and not to those who grow rich from its profits.

#### ADVANCE IN PHARMACEUTICAL AND CHEMICAL SCIENCE.

By WILLIAM A. GREEN, M. D., Macon, Ga.

No science has been cultivated with more difficulty than that of medicine. Its progress has been gradual, and, therefore, more likely to be eventually permanent. While political speculations are daily becoming more uncertain, in their operations, the triumphs of intellectual superiority over prejudice, in our profession, is everywhere apparent. In our own country, more than any other, unjust disabilities are being abolished, and the gates of learning thrown open to every candidate. Every reader of medical history knows how fearfully we have had to contend, in turn, with the powers of witchcraft and priestcraft that sought to monopolize our practice as a privilege from the gods, and with the furious opposition of cotemporary members of the profession, whose capacity and vanity were alarmed by the introduction of novel doctrines and remedies which they were too old, too busy, or too obstinate to learn or investigate. Aristippus very properly replied to a man who boasted of his reading: "It is not those who eat the most that are hale and hearty, but those who can best digest." Hence the distinction between the philosophical physician and the mere dogmatizer. The one is guided by the observation of facts, the other by glossorial success. Men of erudition are seldom men of genius. The exploring mind is ever anxious to take flight from

the prison-house of scholastic restraints.

In these papers on modern pharmaceutical science I propose writing, I merely rank myself a *compiler*. Subjects of great importance I shall only sketch, sometimes, it may be, with too fanciful a pencil, which, by being thus popularized, may induce abler hands to embody in a more permanent, attractive, and instructive form. The variety of matter will oblige me to be discursive, and to have recourse to some subjects not easily abridged. If I hold up error and evil to exposure I will not, I hope, be influenced by hostility toward men or firms, ranks or creeds. If I unwillingly or unwittingly give offence, I shall most sincerely lament it. My material will be gleaned from the works and writings of cotemporaries, well known, justly appreciated, and in all respects fully relied upon, as well as my own experience in a practice of a quarter of a century, four years of which was spent in the tented field, following the grand old army of Northern Virginia, in every march and *every battle*, under her illustrious commander, R. E. Lee.

Without further preface I will proceed to discuss the properties and merits of comparatively a new remedy or compound of great therapeutic value—

#### "SEVEN SPRINGS IRON AND ALUM MASS,"

a compound ferruginous preparation procured from the mineral waters of the celebrated "Seven Springs" situated in Washington county, Virginia, and manufactured by Messrs. Landrum & Litchfield, of Abingdon, Va. It is obtained by conducting the water from the springs into boilers on a furnace, where by means of a strong heat it is evaporated, leaving the combined mineral substance in a condensed mass, which is called the "*Seven Springs Iron and Alum Mass*." Its medicinal properties are tonic, alterative, diuretic, and anti-periodic. It is no more a *nostrum*, patent, or proprietary medicine than castor oil, bi-carb. soda, or Congress water, and consequently there should be no *prejudice* in the minds of physicians in prescribing it.

Prof. J. W. Mallett, of the University



of Virginia, has made an analysis of a number of bottles, which is published in a pamphlet that can be found in the principal drug stores, or procured from the proprietors at Abingdon, Va. I have for many years been constantly prescribing it, perhaps as often as any other medicine of like properties in the materia medica, and with as uniform success. It is emphatically one of nature's own remedies, and, I am confident, honestly and skilfully prepared. I use it very satisfactorily in most cases of disordered liver, quite common in this malarial climate, where the blood is impoverished and broken down in its invigorating properties by repeated attacks of chill and fever; in dyspepsia, rheumatism and neuralgia, anæmia and chlorosis. I have had special good results from it in chronic skin diseases, in indolent ulcers, applied both locally on the ulcerated surface as a dressing, and constitutionally. In the headaches which I have often thought our people in this section of the country suffer with more than any other, it is quite a familiar remedy. The following extract of a letter from Mr. John Ingalls, one of our leading druggists and an educated pharmacist and chemist, will give an idea of how the medicine is esteemed in this city: "I have been selling the *Ferruginous Mass* since 1871, constantly. The sale has been excellent, considering no effort was or has been made to bring it prominently before the people by advertising or otherwise. I have *invariably had most excellent reports from it*, and consider it a most *valuable medicine*." Its harmlessness and convenience of administration, as well as being very palatable, will always make it acceptable as a household remedy. The dose is from ten to fifteen grains as an astringent, from forty to sixty grains as a tonic, alterative, and diuretic, given in pill form to adults, and in syrup to children. The following cases from my note-book will better illustrate its efficacy and curative properties than anything I could assert concerning it, and I have many such. But these two are sufficient and pointed cases.

#### HÆMATEMESIS, VICARIOUS MENSTRUATION, AND AGGRAVATED HYSTERIA.

Mary H., aet. 19, came under my care May, 1875. Enjoyed good health until sixteen years of age, when, she said, she had a convulsion followed by brain-fever, and on recovery vomited blood for three days successively, at regular monthly periods, and if this did not occur she had pains between her shoulders, at the epigastrium, and dyspnoea. This vomiting of blood continued regularly for three (3) years, but she never menstruated properly. Past nine months the discharge has ceased, and three months before consulting me had a severe hysterical or epileptic fit. Appears stout and well nourished, but prostrate; tongue dry and brown; lays motionless in bed, and refuses food. Complains of pain in lower part of back and groins; abdomen tympanitic and distended; no disease of uterus; pulse feeble and very quick. Milk was poured into her mouth and she was compelled to swallow it, and sometimes brandy and cream, thus receiving considerable nourishment. She had been variously treated, being able to employ the best medical attention the State afforded. Had taken galbanum, zinc, aloes and myrrh, mercury, colocynth, and henbane, the bromides, quinine and steel, with wine and cod liver oil, together with counter irritation and local depletion. I was certainly satisfied she had already had the full benefit of the usual and unusual treatment in such cases, and scarcely knowing what more to recommend, I prescribed the "Iron and Alum Mass, an astringent, tonic, and alterative being clearly indicated in her case. I directed forty grains three times a day, at meal times, with bromide potass. grs. xxx. morning and night, in glass of water, together with full and liberal nourishment. In one week saw her again, stomach retains food, and can get up in bed. At end of four weeks could ride in her carriage an hour or two, and in two weeks more seemed perfectly convalescent, with instructions to continue the mass in gradually reduced doses until permanently

restored to health. At this writing she is well, and advises every sick woman in her vicinity to take "iron and alum mass."

CASE II.—DYSPEPSIA—PYROSIS.

A gentleman (Oct., '53) applied to me, for medical advice; his mind had been much overworked, and for more than ten years had suffered exceedingly; as much, or more, from mental depression, than actual disease. He was a most enthusiastic Methodist preacher, with a large and dependent family. Whilst his energies were being overtasked, he experienced sudden vomiting, and nearly every day water was regurgitated into his mouth. After two months he applied to a physician, but his symptoms increased in severity, and were associated with languor and exhaustion. He gave up his ministerial work and traveled. Yet his ailment continued; the sudden severe pain at his stomach was only relieved by lying on his back; he could obtain but little rest, and suffered occasional vertigo. He returned home and gave up in despair. The fluid ejected was tasteless, clear, and like water; it was generally brought up three hours after eating; his nights were wretched. Various forms of medication and diet had been tried—prussic acid, bismuth, silver, nitric and other acids; gentian, soda, columbo, etc., without apparent benefit. His countenance was natural, but his mind dejected; the conjunctiva watery, the tongue clean, the circulation feeble, the pulse compressible, the urine acid. Sp. gr. 1020, not albuminous, neither did it contain crystals, nor deposit; nothing could be detected on palpation of the abdomen; but slight pain was produced at the scrobiculus cordis.

I prescribed steel and quinine, with capsicum and conium, and a sedative draught at night, for two or three weeks, with but little benefit, when, finally, being tired and worried with his *constant* and *punctual* attendance at my office hours, and despairing of doing him any good, anxious to get him off my hands, though exceedingly sorry for him, I

concluded to make a trial of the "*Iron and Alum Mass*," encouraging him with the information that I had at last discovered a *panacea* for his troubles, and if he would take it *religiously*, and stick to a prescribed diet, which I would put in writing, and with a change of climate, I was confident he would recover. I at once saw a gleam of hope in his cast-down face. He promised faithfully, when I ordered "the Mass" in forty grain doses, three a day, at meal times, and a sedative draught at bed time, and sent him on his way. I was gratified, three months after, to find him almost perfectly well. He re-joined the Conference, (having been put on the superannuated list,) and to-day is proclaiming the gospel to a large flock, and losing no opportunity of prescribing the "*Iron and Alum Mass*," for all who are "*sick in body*."

I have selected these two cases because the indications in each were clear and unmistakable, as requiring the properties claimed for "the Mass." I now hope my professional brethren will give it a trial, and I will vouch for a good result. I am really surprised that it has not been more generally used by them. I believe the non-professional are better acquainted with it than the physicians, from what our druggists tell me.

## HEMORRHAGIC MALARIAL FEVER.

By L. A. GUILD, M.D., of Ga.

This disease, in the South Atlantic and Gulf States, is often called swamp fever, country yellow fever, icteric yellow fever. It makes its appearance, usually, in the malarial districts, in the latter part of summer, and during the fall months.

It begins with a chill, and is followed by vomitings of a green color, and not unlike arseniate of copper. Often, in the latter course of this fever, black vomit sets in, and stools of a similar nature, sometimes become bloody, the urine yellow, but oftener it has the appearance of blood and is highly charged with *cholepherrhin*, but contains no fibrin.

The sick have, almost invariably from the first day, a continued fever, irregularity of pulse, drowsiness, with delirium, and *jaundice*. An icteral suffusion is soon spread over the whole body, and the skin becomes of a deep orange hue. Anatomical lesions—softening of the gastric mucous membrane, alteration of the color of the liver, which, with the spleen and kidneys, is hypertrophied, cholecchysis in the blood and secretions.

We have good reason to believe that the toxæmic impression of malaria, and its effects upon the nerve-centres, (either of organic or of animal life,) are primary, and congestion of the liver, with redundancy of bile, the secondary cause.

This hemorrhagic malarial fever is becoming more prevalent throughout the South with every autumnal season, and has thus far been more rebellious to treatment, and proved a great deal more fatal to its victims, than the pure epidemic yellow fever of the coast.

I have had to encounter a great many cases of this fever during the last eighteen years, while practicing medicine in Southwestern Georgia. Saw a Baldwin, M.D., graduate of the New Orleans Medical College, aged 30, health previous to attack good, found him very sick, hemorrhagic malarial fever of two days standing, vomiting dark green matter, frequent and aqueous bloody stools, micturition often, urine copious and looked like blood, skin yellow as an orange, pulse 135, weak. His case was truly alarming. He had taken, previous to my seeing him, by his own prescription, freely of sulphate quinine, calomel, mucilage, gum arabic, spirits turpentine, anodynes, etc. Prescribed—

R. Sulph morphia.....ii gr.  
Creasote.....x gtt.  
Acetic acid.....xx gtt.  
Aqua.....i fl. oz.

M. S. one teaspoonful every hour until the vomiting becomes less.

Also—

R. Tinc. ferri. chlor. and  
sulphuric acid, dilut....aa. fl. dr. ij  
Aqua.....fl. oz. iv

M. S. a tablespoonful every two hours.

In six hours after commencing this treatment, the doctor had retained sufficient of the medicine to render him much more comfortable. A similar treatment was continued, but not given so often, for forty-eight hours, (most of which time I was with him), when he was much better, the vomiting and sanguineous discharges had ceased, the urine was changed to a deep yellow color and less in quantity; pulse 90. In eight or ten days he fully recovered.

In my experience with this fever, there never was a more fatal error in administering medicine to the sick than to give calomel, cathartics, emetics or quinine in this disease, before the dangerous phenomena are removed. Notwithstanding malaria is a cause, and the pyrexia is not sthenic, *quinine is contra-indicated*, as it increases the gastric irritation, and in large doses acts as a cholagogue, which in this condition invariably aggravates the morbid symptoms. Where there was a latent pre-disposition I have known this fever to be brought on by the quinine, which was given in large doses for intermittent fever, and the same has often occurred after taking calomel and other active cathartics. A boy, aged 6, had light tertian intermittent; his mother gave him a dose of may apple pills; in thirty hours after, this fever set upon him in a fearful form.

I prefer tinc. opii. to morphia in this fever, and have been quite successful with the following prescriptions:

R. Tinc. opii.....ii fl. oz.

Carbolic acid.....iv gtt.

M.—S. Thirty drops every two hours. Sometimes I give—

R. Sulph. morphia.....ii gr.

Creosote.....x gtt.

Acetic acid.....xx gtt.

Aqua.....i fl. oz.

M.—S. A teaspoonfull every hour until the system is brought under the effects of the medicine (being cautious not to produce coma.) Should the stomach reject everything taken into it, I often use—

R. Tinc. opii.....i dr.

Carbolic acid..... ii drops.

Tinc. camphor.....xx drops  
Water.....ii oz.

M.—Give per enema.

Or, often use  $\frac{1}{8}$  to  $\frac{1}{6}$  grain morphia hypodermically, until the stomach will tolerate the medicine.

We know that in most complaints of the liver and its appendages, that opium is seldom beneficial; but in this condition it is indicated. It not only acts as a palliative, but it stops the vomiting, checks the excretion and secretion of bile, which soon removes all the morbid symptoms. The patient is to be kept under some impression of the opiate during the violence of the disease.

I also find great benefit, when the tongue is deep red, from—

R. Tinct. ferri chlor. and dilut. sulphuric acid.....aa. f. dr. ii;

Aquæ puræ.....f. 4 oz. M.

S. A tablespoonful every two hours; after a few doses have been taken, every four or five hours. When the tongue is pallid, with dirty white, pasty coating, I prescribe instead of the acid treatment—

R. Carb. ammonia.....dr. i.

Chlor. Potash.....gr. xl.

Water.....f. oz. iv. M.

S. A tablespoonful every two hours; this may not be oftener than once in four or five hours after it has been given five or six times every two hours.

The patient must be put upon a very light diet, and the stomach and bowels must be kept as quiet as possible. As a restorative, after the urgent symptoms have passed off, I have found the fluid ext. of chionanthus virginica, given in teaspoonful doses three times a day, acts well in these cases, and in jaundice generally. Fowler's solution, also, in four or five drop doses, once every four or five hours, is efficient for the same purpose.

[The above is the cure for hemorrhagic malarial fever promised by Dr. G. in our April number. We trust the profession will test the method of treatment suggested in this hitherto formidable and unmanageable disease. —ED.]

## THE WET BLANKET PACK IN DYSMENORRHEA, NEURAL- GIA, &c.

By B. H. WASHINGTON, M. D., Augusta,  
Georgia.

Having used water very extensively in my practice it may prove profitable to younger member of the profession to report some remarkably successful cases. We quickly abandoned the wet sheet pack, for it was too troublesome to use in acute febrile cases for the purpose of cooling the fever down; wet towels from clavicle to pubis, changed as often as they get warm, being far more convenient and efficacious. In chronic cases the cold wet sheet pack was too dangerous to confide to domestic management for a severe or fatal congestion might result at any time. We, therefore, abandoned the cold wet sheet pack, and in all chronic cases substituted the hot wet blanket pack, and oftentimes with surprising success. The bed clothes should be spread on the bed, as many as may be sufficient to keep the patient perfectly comfortable; the blanket should be wrung out of water as hot as the hands can bear, and then spread on the bed, and the patient, stripped, be placed thereon as soon as the blanket is cool enough to allow its use; the bed clothes should then be carefully tucked so as to exclude the entrance of any air beneath, or the formation of any large air chamber beneath the covering, as in either case the patient will be very uncomfortable, and but little good will be accomplished. The patient should remain in the pack at least one hour and a half, and if comfortable, he might remain in four or five hours, or even all night, if quiet; in the latter case some one should sit up so as to prevent the patient from throwing off the cover and incurring danger thereby.

The blanket pack should be used ordinarily about every alternate night; though in many cases, if used as an anodyne, it might be used every day; if used too often the skin may be stimulated too highly and its action be rendered very

irregular, sometimes stopping and starting again, causing a feverish pulse perhaps half a dozen times a day. When the patient is first placed in the pack it is very agreeable, but in the course of eight or ten minutes the body abstracts so much heat from the blanket a slight coolness is felt, but that soon wears off; if, however, the patient complains of feeling cool and uncomfortable all the time he is in the pack, it is a sure indication that the nervous system is considerably out of order. To prevent the patient from being so sensitive to cold, it will be advisable to use friction on the skin freely, and bromide of potassa or quinine internally.

The patient should be rubbed dry with warm towels, and should not be put in the pack in a cold room. To show the extraordinary benefit derivable from the blanket pack, the following cases are reported:

*Dysmenorrhea.*—Mrs. —, aged about thirty-five, Augusta. Called in consultation with my son; found the patient had been tainted with syphilis by her husband, and afflicted terribly for fourteen years. In addition she had been afflicted with dysmenorrhea for ten years of that time, and neuralgic pains very irregular indeed, sometimes coming on in the back, head or uterine region, every two, three, or four weeks. At her regular monthly period, the pains, most commonly in her head, were intolerable, and for some years had frequently been so severe as to bring on epileptic convulsions. During the fourteen years twenty-eight physicians had exhausted their skill on both diseases without any success. She was in good spirits in regard to her syphilitic ulcerations, for she had improved very remarkably under my son's treatment, but the headache at her monthly periods still caused the most intense agony. My son, quite familiar with my dry cupping practice, had tried it, but though some improvement was effected, yet the dysmenorrheal pains might be fairly said to have defied him as they had done others. The diagnosis

was that it was a case of neuralgic dysmenorrhea; we, therefore, recommended the continuation of the dry cupping, and, in addition, the wet blanket pack for at least one hour and a half every alternate day, and longer if she could sleep comfortably in it.

The treatment was faithfully kept up for two months, and at the end of that time her monthly period passed without pain, and for five or six months she continued as regular and natural as—in her own language—any healthy young girl. Latterly the pains began to return. She has been put under the same treatment, and she is now nearly entirely relieved again. When we compare the above success with the want of success of the twenty eight physicians who had tried the case previously, and with the following from Barnes on Diseases of Women, no one can hesitate for a moment in deciding which is the best plan of treatment of that form of dysmenorrhea. Barnes says, p. 196:

"The obstinate character of the affection is well known. It may be predicted with some confidence that a girl who starts with dysmenorrhea is doomed to suffer for years, perhaps for life. It is said sometimes to wear its self out; occasionally marriage, if fruitful, brings relief; but more frequently the recurring attacks of pain, even if unattended by other causes of distress, increase the irritability of the nervous centres, impair nutrition, destroy the harmony or correlation of the vital forces, and reduce the sufferer to the condition of a perpetual invalid, enjoying, at best, only a comparative remission of illness. If pains do not persist throughout the intermenstrual intervals, it is liable to be evoked by any fatigue, or emotion, so that the state of the patient comes to be the chief care of the household."—*Nash. Jour. Med.*

[Dr. Washington reports cases of neuralgia, severe cold, cramps in the collapse of cholera and acute pericarditis relieved by this method.]

## Abstracts and Gleanings.

**INDIGESTION.**—Dr. Lewis Smith, in the *Virginia Medical Monthly*, says: The following treatment has, in my practice, probably relieved nine-tenths of those cases of dyspepsia, which were not due to organic diseases:

R. Bismuthi subcarbonatis.....dr. ij.  
Pepsini (vel Lactopeptini) . . dr. iss. Misco.

Divide in crustulas, No. xij. Signe: Take one wafer before each meal, and twenty drops of the following in wine or water after each meal:

R. Tincturæ nucis vomicæ,  
Acid muriatic; (adult) . . . . .ss. oz. ij. Misco.

In cases attended by constipation and eructation of gas, the following will be found useful:

R. Pulveris carbon. ligni,  
Magnes. calcinat. ....ss. oz. j.  
Pulveris rhei . . . . .oz. ij. ad oz. ss. Misco

S. Take half a teaspoonful to one teaspoonful in simple syrup or any convenient vehicle, three times daily. Of course, whatever the medicines employed proper directions should be given in regard to the diet of dyspeptics.

**CONSTIPATION**—In habitual constipation of the adult, in which the use of fruits and the most laxative articles of food often has little effect in producing evacuations, the following will be found very efficient, while its purgative effect is not severe, and is commonly without pain:

R. Ext. belladonnæ . . . . .gr. iij.  
Ext. nucis vomicæ . . . . .gr. vj.  
Podophyllin . . . . .gr. vj.—lx.  
Ext. aloes . . . . .gr. xvij. Misco.

Divide in pilulas No. xvij. S. Take one when required.

The habitual constipation of infants is a common and troublesome complaint. It can sometimes be remedied when a wet nurse is employed, by the change from one nurse to another, and often by giving a little oatmeal one or more times daily. It is better to employ enemata of water, or water with sweet oil and molasses for habitual use, than to employ even the mildest preparations of those purgative drugs which are in ordinary

use, and which produce catharsis by their stimulating or irritating effect upon the surface of the intestines, since the irritation which they cause is apt to impair the function of the gastro-intestinal mucous membrane; or the intestines may become so accustomed to them, that it will be found necessary to increase the dose in order to obtain the desired result.

**INFANTILE DIARRHŒA**—The treatment of this disease by small doses of calomel, combined with Dover's powder, has been very generally and properly discarded in New York. The more intelligent physicians prescribe opium and bismuth, with or without pepsin or lactopeptine, and sometimes in combination with chalk. The following prescriptions have been largely and successfully employed in the New York Infant Asylum, and in private practice:

R. Tinct. opii . . . . .gtt. xvj.  
Bismuth. subnitrat. ....dr. ij.  
Syr. simplic. ....oz. ss.  
Mistur. cretæ . . . . .oz. iss. Misco.

Give one teaspoonful every three hours to a child of one year.

R. Tinct. opii . . . . .gtt. xvj.  
Bismuth. subnitrat. ....dr. ij.  
Pepsini (vel Lactopeptini) . . . . .oz. iss.  
Syr. zingiberis,  
Aq. menth. peperit. ....ss. oz. i.

To be administered in the same dose as the foregoing. In severe cases the dose may be given for a time every two and a half hours.

**VOMITING IN CHOLERA INFANTUM.** Vomiting is often a prominent symptom in this malady. It sometimes commences before the diarrhœa, and often continues after the latter ceases. It may be controlled by the above prescriptions, and often, also, by lime water given in an equal quantity of milk, to which, double or treble as many drops of Bourbon whisky or brandy are added as the infant is months old. A few drops of chloroform, in cold water, will also sometimes control the vomiting. Carbolic acid, given in doses of 1-10th to 1/16th of a drop has been recommended by writers for the nausea, but I have not observed any decided benefit from its

use in the majority of instances in which I have had an opportunity to witness its effects. But there is another remedy which I can recommend, which is seldom used for this purpose, and the dose of which is so small, that most physicians will probably think it inert, namely: 1-10th to  $\frac{1}{4}$ th of a drop of tincture of ipecacuanha, given to the infant in a teaspoonful of cold water, every hour or second hour, till the nausea ceases. The reports of its use in two of the institutions of New York have been favorable. A physician of New York, exact in his observations, and cautious in his statements, has informed me that he recently relieved vomiting in an adult, when other remedies had failed, by one drop doses of the same medicine.

**BLACK HAW IN ABORTION AND DYSMENORRHOEA.**—Professor E. W. Jenks remarks of this agent:

Where the habit of aborting has been formed, my mode of prescribing the viburnum is, to have the patient take from half a teaspoonful to a teaspoonful of the fluid extract four times a day, beginning at least two days before the regular menstrual date, and continuing it not only during the usual period of the catamenial flow, but two days longer than that discharge continues when the woman is not pregnant. Where there are indications that an abortion is imminent, the fluid extract can be administered in teaspoonful doses every two or three hours as long as its use seems to be demanded.

The writer would designate viburnum prunifolium as a uterine sedative, whose action is as pronounced, as is that of ergot in causing uterine contraction. It is not alone in the prevention of abortion that it proves, by virtue of this peculiar sedative action, a most valuable therapeutic agent. It proves equally efficient in the treatment of the sympathetic disorders incident to pregnancy, where a nervine or sedative is demanded, and in a large class of non-puerperal diseases of women. The use of viburnum in this last mentioned class of cases deserves more attention than it has heretofore re-

ceived, and will occupy the remaining portion of this brief paper.

It could not be otherwise, than that a remedy which is known to exercise such a potent effect upon the pregnant uterus, must be of much service in many affections of the non-pregnant woman. I am convinced, from an experience in its use extending now over more than six years, both in private and hospital practice, that viburnum is a valuable acquisition to the gynecologist's list of remedies.

I would give as a general statement concerning the uses of viburnum, that it is serviceable in all uterine disorders characterized by loss of blood.

In menorrhagia, or metrorrhagia, depending wholly upon systematic causes, as *e. g.* that in phthisis, organic diseases of the heart, hepatic disorders, anæmia, or malarial diseases, it is peculiarly applicable. There is no depressing effect succeeding its administration; on the contrary it is a grateful tonic, serving to stimulate rather than depress. Patients for whom I have prescribed it without informing them for what purpose, have repeatedly spoken of its pleasant, stimulating effects. In the metrorrhagia incident to the menopause with the multiplicity of nervous derangements from which women suffer at this period, viburnum has proven very beneficial. It will modify the hæmorrhage from such causes, where ergot in full doses is not well tolerated, or where the patient is in a feeble condition, I have been in the habit of combining the two remedies in various proportions, with gratifying results. I have never known painful uterine contraction to be produced by viburnum alone, nor do I think that oxytotoxic effects can be attributed to it.

Viburnum is serviceable also in certain forms of dysmenorrhœa. My attention was first directed to its worth in this affection several years ago, by the remark of a patient for whom I had prescribed it for a profuse menstrual discharge. She said that she had taken the medicine during the menstrual periods, beginning two or three days before each,

and that there was not only a diminution in the quantity of blood, but that menstruation was more nearly painless than it had been before for years. This remark was suggestive, and I have since given viburnum alone such a thorough trial in the various forms of dysmenorrhœa, that I have arrived at the following conclusions: In all forms of dysmenorrhœa attended with profuse menstruation, viburnum, if administered for several days in advance of the period, as well as during the continuance of the discharge, affords the patient great relief. Where there is with the dysmenorrhœa a scanty flow, it does not prove beneficial. If the pain is produced by stenosis, or any mechanical obstruction, it affords only moderate relief. It is not sufficiently sedative, if given alone, to fully relieve the sufferings of spasmodic or neuralgic dysmenorrhœa. It is, however, a valuable adjuvant to the sedative and anti-spasmodic remedies, such as cannabis indica, camphor, hyoscyamus, and conium.

In that form of dysmenorrhœa with menorrhagia, caused by fibroid growths impinging upon and twisting the uterine canal, viburnum, in combination with ergot, has proven beneficial, and much more so than either remedy if given without the other.

**GENTIANA QUINQUEFLORA.**—C. A. Yelvington, M. D., Susquehanna, Pa., says of this plant: My first trials with it were three cases of obstinate intermittent, in which quinine and other anti-periodics had failed to accomplish the desired result; and, to my surprise, in one week's time the use of a decoction of the herb had completely controlled the disease. This led me to try it in similar cases, and with the happiest results, and I am now satisfied that we possess no agent superior to it as an anti-periodic. In atonic conditions of the digestive apparatus, in combination with Hydrastis, I have found it a splendid tonic, increasing the biliary secretion, and acting as a stimulant to the excretory organs. In fevers I have used it in combination with

gelseminum with good results; and in derangements of the biliary organs, in combination with leptandrin or podophyllin, it seems to increase the effect of these agents. I have never used it in combination with Veratrum, believing them to be incompatible.

To sum up its qualities, I would say that where an atonic condition of the digestive organs is present I never have found its equal. Also, in derangements of the biliary organs, in combination with the above remedies, I have accomplished great results. Nor is this all my own experience; I have at times furnished it to other physicians, who have informed me that in the same conditions it has proved beyond a doubt a specific where an anti-periodic is indicated. I have given it the place formerly occupied by quinia, and have accomplished better results in less time than I could with that remedy. Having used it for ten years in my practice, and having always accomplished great good with it, I feel that I can recommend it to the profession as a safe and reliable remedy, and one that will prove a great aid in their practice.—*Eclectic Medical Journal*.

**BALSAM OF TOLU AS AN APPLICATION TO WOUNDS.**—At a meeting held October 11, 1875, of the Berliner medicinische Gesellschaft, Dr. E. Wiss spoke in almost unbounded praise of balsam of tolu as an application to wounds of all kinds. When the balsam was put upon wounds it produced an immediate sensation of burning, which, however, very soon ceased, as did all pain, even in most severe wounds. Fresh wounds under this treatment showed no inflammation, and in those already inflamed it soon ceased. No suppuration took place, and where it was already present it soon disappeared. No wound treated by him by this method took on a septic character, even under the most unfavorable local and climacteric surroundings. In all cases, even in lacerated wounds, there was union by first intention, a thing which had not been his experience in any other method of treatment. Two



cases were detailed. He considers that the balsam hinders suppuration, and after his surgical experience he made use of it in two cases of old women with profuse catarrh of the lungs. The drug was given in an emulsion with the yolk of egg (4.0:120.0=64.8 drops to 4 oz.; one teaspoonful every two hours), and one case was well in eleven days, while the other recovered in three weeks. In these cases "all other medicines had failed."—*Boston Medical and Surgical Journal*.

**BILIOUS ATTACKS.**—Dr. Fothergill (in *Medical Times*) says of the treatment of bilious attacks to which dark-complexioned persons of the biliary diathesis are most subject: Rarely do persons of other diathesis and fair persons suffer from those disturbances which may fairly be said to be connected with the presence of bile acids in excess; while as to those forms of biliary disturbance where the urine is laden with lithates, the condition Dr. Murchison calls lithæmia, persons of other diathesis seem equally liable to them, and they are found in fair and dark people alike. For those bilious attacks, then, which occur chiefly in those of the biliary diathesis, nothing is so good as alkaline saline purgatives taken in some vegetable infusion immediately on getting out of bed in the morning. This should be washed down with some warm fluid which excites the peristaltic action of the bowels, and, if necessary, a vegetable laxative pill should be taken the night before. After a couple of liquid motions—the more copious the better—the bilious person feels pretty equal to the day's work before him. Rochelle salts with a little sulphate of magnesium in infusion of buchu forms a most excellent morning purge, in my experience. Sir Joseph Fayrer has found in his Indian experience sulphate of magnesium, with quinine or gentian, sufficient to produce two or three loose motions, an efficient measure in biliary congestion.

**USE OF THE OBSTETRICAL FORCEPS.**—Prof. S. D. Turney, in a paper read be-

fore the Central Ohio Medical Association, on the use of forceps, concludes with the following propositions:

1. That the forceps are, in competent hands, absolutely safe for mother and child.

2. There being neither danger to mother nor child, they may be applied at any time in the second stage of labor; when the foetal head ceases to advance, or it is necessary to hasten the delivery.

3. That the long are preferable to the short forceps.

4. That in their application reference should be had more to the pelvis of the mother than to the head of the child.

5. That when the head of the child is at the superior strait, or in the cavity of the pelvis, traction *may be* made during the pain, should pain exist; but when the head is pressing upon the perinæum the rigidity and elasticity of this organ are more safely overcome by a force continuously applied, and, therefore traction should be made in the interval and not during the continuance of the pains.—*Ohio Med. and Surg. Journal*.

**ANÆSTHESIA PRODUCED BY A HYPODERMIC INJECTION OF BROMOHYDRATE OF QUININE.**—M. Thaon, of Nice (*Le Mouvement Med.*, 1877, page 153), had under his care a case of intermittent fever which resisted the administration of bromhydrate of quinine administered by the stomach, and also hypodermically, ten to fifteen grains of the salt being given daily, for some days without having mastered the fever. One of the punctures of the hypodermic needle, however, which had been made into the forearm in the region of one of the ante-brachial branches of the musculo-cutaneous nerve, caused complete anæsthesia of the skin over a belt twelve centimetres (four inches) long by six centimetres broad. Thermo-anæsthesia extended a little farther. One month subsequently this anæsthesia remained persistent.—*Medical Times*.

**TREATMENT OF SPASM OF THE GLOTTIS.** The attacks of spasm of the glottis are much more violent than those of false

croup, being accompanied by contraction of the muscles of respiration, especially of the diaphragm, and sometimes even by general convulsions. In the treatment of this affection there is rarely time to employ the various methods mentioned in the books, such as electricity, frictions, chloroform, etc., and consequently the plan proposed by M. Charon seems to be all the more practicable. This physician states that inhalations of ammonia rarely fail to cut short the attack. He advises mothers who have children subject to attacks of spasm of the glottis, always to carry a bottle of ammonia with them. He cites the case of the wife of a physician, who followed this advice, and whose child always rapidly recovered from the spasm with the help of the ammonia. Unfortunately, one day she did not have her flask with her, and while she was looking for it, the child died asphyxiated.—*The Medical Record*.

**CELLULOID.**—This substance, though prepared by Mr. Hyatt, an American, as long ago as 1869, has only lately been turned to much practical account. It is prepared by subjecting ordinary paper to the action of a mixture of nitric and sulphuric acids; washing this till all trace of acid disappears; drying the product, powdering the same, and mixing it with camphor; drying and repeatedly pressing this mixture, at last applying heat, when the celluloid appears in the form of transparent, elastic rods or slabs. As it is hard, and not easily broken at ordinary temperature, susceptible of high polish, and capable of being cut into extremely thin plates, yet elastic, and, at high temperatures, malleable, plastic, and even fusible, it has become extensively used in the manufacture of the rims of eye-glasses, cheap ornaments, cigar cases, etc., and, when colored, as a means of imitating ebony, lapis lazuli and malachite. It has also been employed in making elastic belts, trusses, etc., and some of its applications in dentistry were patented as early as the year of its discovery.—*Moniteur des Produits Chim.*

**WHO DISCOVERED ANÆSTHESIA?**—The claimants—Wells, Jackson and Morton—are well known, and volumes have been written for and against their claims. Less has been known of the fourth claimant, Dr. Crawford W. Long, of Athens, Ga. From testimony recently produced, it does appear that Dr. Long has better claims to be honored as the discoverer of anæsthesia than either of the others. The proofs that he did produce the condition as early as March 20, 1842, appear to be satisfactory and conclusive. Dr. J. Marion Sims, who has recently written a pamphlet setting forth the facts regarding Dr. Long's experiments, presents his claims with an array of evidence which is irresistible. Dr. Long is still living, and in poverty, in Georgia, having lost his all in the civil war. He is represented as being worked to death to obtain his daily bread; he is old and feeble. The fate of Wells, Morton and Jackson is sad indeed. Poor Morton, worn out with disappointment and grief, became insane, and so injured himself in an asylum as to cause his death. Wells became insane, and committed suicide in New York in 1848. Jackson, so long known as Boston's distinguished chemist, is now in an insane asylum, hopelessly incurable. What a sad, pitiable record is this!

Dr. Long alone remains (of the four who have contended for the honors of the discovery of anæsthesia) in the possession of his reason, and he is destitute, overworked, disheartened. And now, what can we do, what shall we do, in justice to all? Dr. Sims' suggestion is a good one. Let the whole medical profession, North, South, East, West, unite in asking Congress, at its next session, to appropriate the sum of four hundred thousand dollars to be divided equally among the families of Wells, Morton, Jackson, and Long.

The discovery of anæsthesia is the greatest boon yet conferred upon man, and it is an American discovery. Let us all join in one united effort to aid those who have suffered so much in con-

nection with this discovery.—*Boston Journal of Chemistry.*

THE FEEDING OF INFANTS.—Dr. W. Faussett, in an interesting article on this subject in the *London Medical Press and Circular*, arrives at the following conclusions:

1. That aliment should always be presented to the infant stomach in a perfectly fluid form.

2. That as bread and farinaceous substances generally have been proved by experience, and recently by numerous post-mortem examinations, to be often indigestible, and to have led directly to infant mortality, such substances had better be excluded from infant feeding.

3. That cow's or goat's milk; when pure and modified as much as possible, to resemble human milk, will often be found sufficient, without any other help, to nourish the new-born infant

4. That as cocoa contains all the elements indispensable for the growth and development of the body, and can always be presented in a fluid form, it is, next to milk, preferable to all other natural substances as an article of infant aliment.

There is one other point which, though only indirectly connected with infant feeding, is one of paramount importance, as regards the present and future health of the individual, namely, the necessity of guarding against the hateful practice of covering the child's face as it sleeps. *Boston Journal of Chemistry.*

ALBUMEN IN THE TREATMENT OF CONSUMPTION.—Dr E. L. Shurly (in *Buffalo Medical Journal*) reports remarkable results in the treatment of pulmonary consumption by the use of the albumen of eggs, as the most concentrated and powerful nutriment that can be found. "But finding quite often that patients were unable to digest or assimilate the requisite number of eggs, owing, perhaps, either to the oil contained, or the inability of the stomach to break up the intimate cell structure, I was led to present them in a dessicated form, either entire, or just the whites, with, to my observation, gratifying results. The mode of preparation

is as follows: The eggs are exposed to a warm current of air, never above 110° F., until they are thoroughly dried, when the residue will be ready for use. As it is more tedious and difficult to evaporate the whole contents, than the whites, I more often throw out the yolk, and afterwards prepare the albumen by adding a little cod liver or other oil; or triturating it with either egg shell or one of the phosphates, preferably calcium or sodium phosphate. Particular attention must be paid to its preparation, inasmuch as albumen (or dessicated egg) prepared either by too great heat or by precipitation, whereby it is coagulated, will not yield the same results as that prepared in the manner here given, which renders it readily soluble in warm water, and capable of direct absorption as albuminose by the stomach. I have never observed an instance where it was not borne easily by the stomach when prepared by means of gentle heat. It may be administered in teaspoonful doses as a powder with or without one of the salts mentioned, by throwing it in warm water, light soup, or milk, or emulsified with glycerine or cod liver oil."

He gives a number of cases absolutely relieved by this method.

SINGULAR PROPERTY OF THE TOMATO LEAF.—"I planted a peach orchard," writes M. Siroy, of the Society of Horticulture, Valparaiso, "and the trees grew well and strongly. They had just commenced to bud when they were invaded by the curculio (*pulgon*), which insects were followed, as frequently happens, by ants. Having cut some tomatoes, the idea occurred to me that, by placing some of the leaves around the trunks and branches of the peach trees, I might preserve them from the rays of the sun, which were very powerful.

"My surprise was great upon the following day to find the trees entirely free from their enemies, not one remaining, except here and there where a curled leaf prevented the tomato from exercising influence. These leaves I carefully unrolled, placing upon them fresh ones

from the tomato vine, with the result of banishing the last insect and enabling the trees to grow with luxuriance. Wishing to carry still further my experiment, I steeped in water some fresh leaves of the tomato, and sprinkled with this infusion other plants, roses, and oranges. In two days these were also free from the innumerable insects which covered them. I felt sure that, had I used the same means with my melon patch, I should have met with the same result. I therefore deem it a duty I owe to the Society of Horticulture to make known this singular and useful property of the tomato leaves, which I discovered by the merest accident."—*Scientific American*.

**VARICES OF THE LEG.**—Operative treatment of varices of the leg is as old as medicine. New and dangerless is the method of assistance by the antiseptic bandage. Since Dr. Risel, of Halle, has discovered the cause of these ectasia to depend not upon an impermeability of the saphenous vein, but, on the contrary, upon simple hydrostatic pressure, over distension, he has extirpated not only the varicose knots and tortuosities on the leg, but also a piece of the trunk of the vein itself. The region of the varicosities is brought out as fully as possible by means of elastic ligatures, then the veins are dissected free, surrounded freely with catgut, and cut out between the ligatures. Risel cut out in one session, from the same leg, six pieces of vein each 4-5ctm. long. Eleven legs of nine patients were treated in this way, and under strict antisepsis not the least accident occurred in the healing process. The cure was complete, mostly, in eight days so that the patients could walk about. (Edema, thrombosis, etc., occurred in no case. One of the patients, a farm overseer, presented himself after a few months with completely cured legs, cured not only of varicose veins, but also of an old and obstinate eczema. The further histories of the other patients had not been followed up.—*Deutsche Med. Wochenschr.* 1877, No. 8.

**IMPACTION OF GALL-STONES.**—In the

*Canada Lancet*, for June, Dr. Thomas S. Barclay, of Detroit, Michigan, reports a case of "Impaction of Gall-stones and Obstruction of the Bowel," causing death. A post-mortem was made and the gall-bladder was found packed full to distension, with gall-stones, to the number of 700, from the size of a pin's head to a bean. "The systic and common ducts were entirely occluded, and fibrous bands were attached from the gall-bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal." The patient had been subject to attacks of bilious colic, every few months, which would pass off under treatment.

Dr. Barclay remarks: "This case was very interesting, from the fact that there was a difference of opinion among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post-mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones."—*Maryland Medical Journal*.

**ADMINISTERING IODINE THROUGH A NURSE.**—Dr. Gemmel, of Birnbaum, relates the case of a feeble, rickety child

a year and eight months old, to whom it was thought of great importance that iodine should be administered, which, however, in any form tried, had induced vomiting and irregular action of the bowels. It was then resolved to try giving it through the milk of a nurse, and in a few days after she had begun taking it, her milk was sufficiently impregnated with it. It was found also, that a cow's milk could be similarly affected by giving the animal ten grammes of iodide of potassium per diem for a fortnight. The child under the use of the nurse's milk bore the iodide very well, and soon recovered.—*Berlin. Klin. Woch., April 9.*

**DIETETIC PREPARATIONS.**—Subscriber (*Chicago, Ill.*) writes as follows: "Will you be kind enough to publish in your valuable journal some simple recipes for preparing the various dietetic preparations, such as are ordered for the sick? I have frequently been asked by customers how to prepare various broths and gruels, and although this query may not be quite in your line I believe many druggists would be pleased to be furnished with reliable recipes.

*Answer.*—We take pleasure in replying to your query, and, as you remark, no doubt many of our readers will be pleased to have a few good recipes for these preparations, a proper knowledge of which is too often neglected by the apothecary, who may frequently be called upon to furnish information as to the manner of preparing them. Indeed they may properly be considered as auxiliaries to medical treatment:

#### BEEF TEA,

Beef, lean, cut in small pieces.....1 pound.

Put into a jar without any water; cover lightly and set in a pot of cold water. Heat gradually to a boil, and continue this steadily for three or four hours until the juice is all extracted from the meat. Season with salt, and when cold, skim. This may be served hot or cold; but will frequently be preferred by the patient in the latter way.

#### MUTTON BROTH.

Mutton, lean, cut in small pieces..1 pound.  
Water, cold.....1 quart.  
Rice, or barley, soaked in a very little warm water.....1 tablespoonful.  
Milk.....4 tablespoonfuls.

Boil the meat in the water until it falls to pieces, keeping the pot closely covered. Strain the liquid off, and add the soaked barley or rice; simmer half an hour, stirring often; season with salt, pepper, and a little chopped parsley, add the milk, and again simmer for a few minutes, taking care that it does not burn.

#### CHICKEN BROTH.

This may be prepared in the same manner as mutton broth, cracking the bones well before putting in the fowl.

#### ARROWROOT JELLY.

Arrowroot, Bermuda... 2 heaping teaspoonfuls.  
White Sugar.....2 teaspoonfuls.  
Lemon Juice.....1 teaspoonful.  
Water, boiling.....2 quarts.

Wet the arrowroot in a little cold water, and rub smooth. Then stir it into the pot, which should be over the fire actually boiling at the time, with the sugar already added. Stir until clear, boiling steadily all the while, add the lemon. Pour into a cup, or form, previously wet in cold water.

#### INDIAN MEAL GRUEL.

Indian meal.....1 cup.  
Flour previously mixed with cold water.....1 tablespoonful.  
Water, boiling.....2 quarts.

Wet the meal and flour to a smooth paste, stir into the water while it is actually boiling. Boil slowly half an hour, stirring up well from the bottom. Season with salt to taste. If a laxative is desired, omit the wheat flour.

#### OATMEAL GRUEL.

This is prepared in the same manner as Indian meal gruel.

#### TOAST WATER.

Pour sufficient boiling water to slightly cover slices of toast, which should be nicely browned. Cover the vessel containing them closely, and let them steep until cold. Strain off the water, sweeten to taste, and add a piece of ice to each glassful.

## FLAXSEED LEMONADE.

Flaxseed ..... 4 tablespoonfuls.  
 Lemons, juice of ..... 2.  
 Water, boiling ..... 1 quart.

Steep three hours in a covered pitcher. If too thick, add cold water with the lemon juice, and sweeten to taste. Should be iced for drinking.

[We must confess ourselves indebted to Marian Harland's admirable book, "Common Sense in the Household," for the foregoing excellent recipes.]—*Druggists Advertiser*.

**NEURALGIA OF FEMALE URETHRA**—A desperate neuralgia sometimes afflicts the the female urethra and orifice of the bladder. But very often what seems to be a pure neuralgic affection depends upon minute ulcers in the urethral mucous membrane. By an ingenious contrivance Mr. Ashwell washes the whole tract of membrane with a strong solution of nitrate of silver, and by this plan he cured a very severe case of the disorder. I obtained equal success in an exceedingly obstinate case by the passage of a soft bougie every night and morning.—From John Kent Spender's Therapeutic Means for relief of pain.—*Louisville Medical News*.

## FOR ECZEMA.—

R. Elix. iodo-bromide calcium com. .oz. viij.

Take a teaspoonful in water four times a day.

R. Tinc. benzoin. .... .oz. i.

Apply on brush night and morning. With this treatment we have succeeded in effecting a cure of one case which had become chronic, and had resisted all medication, covering a period of several years.—*Jour. Mat. Med.*

**LACTO-PHOSPHATE OF LIME AS A TOOTH FILLING**.—The treatment of exposed dental pulps and sensitive dentine is the subject of an interesting paper by Junius E. Cravens, D.D.S. The lacto-phosphate of lime is applied to the exposed pulp, which is carefully sealed and left undisturbed for several weeks. On removing the coverings a new bone is found, its surface continuous with that of the formerly soft dentine, and the sensibility

being even below the normal degree. Oxy-chloride of zinc and other substances, however, may produce like results. *Medical Record*.

## Practical Notes.

**PERINEAL ABSCESS AND FISTULA OF URETHRA**.—Dr. I. R. Bristow, of Texas, writes: September 21, 1875, saw Mr. W——, aged 21 years, farmer, good constitution and physique. Had contracted gonorrhœa last August. Found well developed perineal abscess, too long neglected already; much constitutional disturbance and nervous irritability.

*Treatment*.—Free incision of perineum and deep fascia. After evacuating matter, found a large rent in membranous portion of urethra, urine passing entirely by perineal opening. Introduced No. 9 catheter in bladder, and fastened it *in situ*. From attending physician, learned that the case progressed favorably, with exception of a few chills, which yielded promptly to quinine.

In fifteen days withdrew the catheter, and urine afterwards voided by natural channel. In thirty days Mr. W—— visited me at my office, twenty miles distant by rail, looking well. On examining him, found parts healed, and introduced No. 9 catheter with ease. Ordered him to return every ten days or two weeks for introduction of catheter, which he did for two months.

Saw Mr. W—— May 20, 1877, and he reports himself as sound as he ever was.

*Reflection*.—If the abscess had been evacuated promptly, would not the urethra have escaped suppuration, and thereby saved us trouble? Who will answer with a case, or cases, in point?

**WORMS**.—Dr. L. M. Wood, of Kansas, writes: I was called to see L. B., æt. 23 years, previous health good, weight 140 lbs.; I found her suffering with great pain over the region of stomach and bowels, distressing emesis, with hurried and difficult respiration; slight febrile

disturbance. It was her regular term of catamenia, which was normal. Finding she had never passed any worms, I concluded to give her bismuth s. n. and calomel, aa. grs. iij, to be repeated at intervals of three hours until three doses were taken. On my return the next morning, her mother informed me that she had passed four hundred worms (*ascaris lumbricoides*), some of which were very large. I then ordered santonine and calomel, aa. grs. iv, morning and evening, every other day, until she had taken it for three days. Under that treatment she discharged twenty-seven more. She is now apparently well.

I would like to see some practical and successful treatment for membranous croup, as it is very prevalent and fatal in this western country.

**HYPODERMIC DOSES.**—A hypodermic dose should be about one-third the ordinary internal dose. Twenty or thirty drops is the usual quantity injected—to be indicated by the scale on the syringe. In injecting morphine, we are in the habit of dissolving the eighth of a grain in half teaspoonful of water, which may be made warm by holding the spoon over a candle, the syringe being also warmed by dipping it in warm water. Draw the water from the spoon through the point of the syringe by suction, hold the point upward, and force up the water until bubbles of air cease to pass out at the point; then pinch up the skin between the thumb and forefinger, raising it from the muscle below, and force the point of the syringe through the skin, and inject the fluid. Select a place where the skin is thin. We have found no better place than the thin, loose skin on the back of the elbow. It is easily detached, and has comparatively little sensibility, the operation causing but slight pain.

**JABORANDI IN DROPSY.**—This agent has been shown to possess wonderful power in removing dropsical accumulations from the system. It acts by producing profuse sweating. It is best administered by infusion, prepared by adding two drachms of the leaves to four ounces of water. A tablespoonful

to be given every half hour until profuse diaphoresis occurs. The remedy to be repeated daily until the oedema subsides. If the stomach rejects the medicine it may be administered by enema.

It is well to remember that toxic effects sometimes follow the use of this remedy, manifested by cardiac irregularity, dimness of vision, nausea, or vomiting, depression and weakness, dryness of the mouth, making it prudent to be cautious in the use of the proper dose. These effects are best counteracted by whisky or other stimulants.

**SALACINE FOR CHILLS.**—Dr. Thompson reports, in *British Medical Journal*, a number of cases showing the superior efficacy of salacine in the treatment of intermittents. Cases wherein quinine had utterly failed were promptly relieved with this agent. He used large doses, grs. xxx every two hours. Usually the fourth dose was sufficient to break up the chain of morbid action, after which a few doses at longer intervals completed the cure. It may be given when the chill is on, and will usually shorten the chill, and greatly mitigate or even arrest the febrile exacerbation.

**CONGESTIVE CHILL.**—Professor Bemiss of New Orleans, says that opium, chloroform, belladonna and chloral are the sheet anchors in this class of fevers. Twenty drops of laudanum and half teaspoonful chloroform may be given at a dose during the chill, and, if need be, repeated in a short time with the effect often of cutting short the chill. Or morphine may be injected hypodermically. Chloroform, by inhalation, is also recommended as useful in restoring the circulation in the extremities.

**IODOFORM PENCILS.**—Iodoform pencils, recommended for ulcerations of the neck of the uterus, are made by mixing 10 grains of iodoform with 0.5 grains gum arabic, and with mucilage, forming a pill mass, to be divided into ten cylinders one-half an inch long, to be dried in the air and kept from the light. They are used by applying to the ulcerated part, and kept in position by a plug of cotton.

**OPIUM MODIFIED.**—In cholera morbus, or in bilious diarrhœa, after the offending matters have been vomited or discharged, and the case improving, it is sometimes desirable to procure the anodyne effects of opium without drying up the secretions and increasing the thirst. Opium, in the following combination, is said to restrain gently the action of the bowels without checking or otherwise disordering the stomach. In the epidemic diarrhœa of India, and in the preliminary diarrhœa of cholera, it is a popular and successful preparation. Theoretically, it must strike every one as well adapted to cases of griping diarrhœa from eating pork or other like cause, and in the flatulent pains of subacute or chronic dysentery, etc., and in the flatulent colics of aged persons :

R. Pulv. opii.....gr.v.  
Pulv. black pepper.....gr.xx.  
Assafœtida.....grs.xxx. M.

For ten pills. Dose, one pill every two to four hours, until relief follows.

**SUPPRESSION OF MENSES.**—We have found no remedy so efficient as the sulphate of quinine, with ipecac and gelseminum, in suppression of the menses. Use the remedy every two to four hours, keeping the patient warm in bed, with warm fomentations to the abdomen. The quinine seems to act as an equalizer, both of the circulation and of the nervous forces, relieving engorgements, and unlocking the emunctions and secretions throughout the entire system, to which effect both the ipecac and gelseminum contribute :

R. Sulph. quipina.....gr.xxx.  
Pulv. ipecac.....gr.ijj. M.

Make twelve powders. Give one every two to four hours, adding to each dose tinct. gelseminum five drops. W.

**HYSTERIA.**—The following formulæ (Naphey) will be found valuable in hysterical affections :

R. Tinct. assafœtidæ.....dr.ij.  
Ammonii carbonates.....gr.xx.  
Aquam camphoræ.....oz.iv. M.

One tablespoonful occasionally.

R. Tinct. assafœtidæ.....dr.ij.  
Spiritus ammoniæ aromat....dr.ijj.  
Tinct. valerian.....oz.j. M.

One teaspoonful in a wine glass of water every two or three hours.

R. Tinct. castorei.....dr.ijj.  
Spiritus lavend. comp. ....dr.vi.  
Aquam. camph.....oz.vj. M.

A tablespoonful three times a day, when cerebral symptoms and hysterical phenomena are marked.

**IN HYSTERICAL DYSMENORRHOEA.**—

R. Tinct. assafœtidæ.....dr.ij.  
Tinct. castorei.....dr.jss.  
McMunn's elix. opii.....gtt.xxx. M.

Give fifteen to thirty drops in hysteria, or in hysterical spasm, or dysmenorrhœa, every hour until relief follows.

Another—

R. Fluid ext. valerian.....dr.i.  
Ext. hyosclami.....gr.ij. M.

Warm water; one tablespoonful—stir or triturate until the hyosclamus is well blended with the fluid portion of the mixture, and use by enema into the rectum. We have seen this remedy quiet, in a few moments, the most intense spasmodic pains of dysmenorrhœa.

**COLIC.**—In sudden, violent colic, if nausea or vomiting exists, encourage it with tepid water until the stomach is well emptied, also evacuate the bowels with an enema of salt water and molasses; after which, if not relieved, put a large sinapism on the abdomen, and give gtt. xx tinct. wild yam, and repeat in half hour, if need be. If this fail, inject hypodermically  $\frac{1}{4}$  gr. morphine. If there is no vomiting give grs. xxx of ipecac and warm water to bring it about, and then proceed as above suggested. If vomiting and purging are already active, no effort should be immediately made to check the purging, if the matter discharged be dark fecal or bilious, as such attacks are often but the effort of nature to get rid of the offending matter, but, if need be, let tepid enemas be given to encourage the evacuations, and the opiate given only when the discharge assumes a lighter color, or there is reason to believe the bowels are sufficiently emptied of the irritating matter. In such cases temporary relief may usually be given by the use of chloroform, sinapisms, hot fomentations, etc. W.



**ALITURA WINE.**—Alitura wine is a fine article of wine containing the soluble phosphates of lime, magnesia and iron. A fine tonic, well adapted to weak states of the brain and nervous system.

**BENZOIC ACID IN CYSTITIS.**—Benzoic acid is highly recommended in chronic cystitis. Give five to ten grains every two to four hours in pill form, or with glycerin.

**PHOSPHORUS** has been used to great advantage in psoriasis. Phosphide of zinc ( $1\frac{1}{2}$  gra. daily) is an eligible form in which it may be given.

## Scientific Items

**SUNLIGHT.**—Sunlight, as physicists have shown, is the source of all the forms of force with which we are familiar. The coal that heats our houses and moves our steam-engines is only the solidified sunshine of former ages, and all the life of the vegetable and animal world now is due, directly or indirectly, to the same source. The bread that we eat is the gift of the sun, the clothes that we wear are woven out of his beams. Plants turn towards his light, and so should we if we had not forgotten our natural instincts in the artificial existence that we lead.—*Four-Chem.*

**PLANT ANÆSTHESIA.**—In plants, M. Claude Bernard, to whom is due the credit of the discovery, has found that germination ceases under the influence of ether. He introduced water cresses, which germinate from day to day, into two precisely similar tubes. In one tube he placed a little ether. The plant therein on the following day was found not to have germinated, as the other had; but after being removed from the anæsthetic, the first went on and germinated in a natural manner. The plant had literally been put to sleep.

**NEW FUNCTIONS OF THE LIVER.**—B. F. Lautenbach (in *Medical Times*), in a series of experiments upon the lower

animals, by ligating the portal vein and injecting poison into the system, has discovered that,

1st. *The liver has, for one of its functions, the office of destroying certain of the organic poisons.*

2nd. *A poison is being constantly formed in the system of every animal, which it is the office of the liver to destroy*—shown by the fact that narcotic symptoms and stupor, followed by speedy death, results from ligating the vena porta.

**THE MICROSCOPE.**—It is believed that we have already reached the limit of the magnifying power of the microscope, by reason of spectral images caused by diffraction of light. Whenever we exceed a magnifying power of seven or eight hundred diameters, the diffraction confuses and renders unreliable the appearance of the objects examined.

**STILL BURNING.**—Fifty years ago the coal in a Belgian coal mine was accidentally ignited, and though frequent efforts have been made to extinguish it, the burning still continues unabated. What vast underground caverns must have resulted from the long continued combustion of underground material.

**AIR IN THE GROUND.**—It has been shown by recent observations that the atmosphere permeates freely into all dry soils, and that even gas may find its way from a leaky pipe through the earth from considerable depths into dwelling houses, a fact which is important in a sanitary point of view.

**VITALITY OF SNAILS.**—A writer in the *American Naturalist* relates an instance of a snail—of the species, *Helix Veatchii*, which lived without food from 1859 to 1865.

**ANTIHYDROPIN** is a crystalline substance obtained from that hateful insect the cockroach, which, in Russia, is used as a remedy for dropsy.

**METEORIC STONE.**—A meteoric stone which fell recently in Saxony, contained 93.04 per cent of iron, 6.16 nickel, and 0.23 phosphorus.

## Editorial and Miscellaneous

☞ All communications relating to the business of **THE RECORD**, for the year 1877, must be addressed to  
DB. B. C. WORD,  
Business Manager Southern Med. Rec.,  
Atlanta, Ga.

☞ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☞ Send money by check, postal order or registered letter.

☞ Write your name, post-office, county and State plainly.

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### SPECIAL NOTICE.

To all persons receiving this issue as a specimen, we wish to say, try our journal. You will find it plain and practicable, containing a great many valuable suggestions, hints, formulas, etc., which, in the course of a year, will largely indemnify you for the small amount of subscription. It is best to take the back numbers, so as to have a complete volume; but may subscribe for six months, if you prefer. See our club rates, and premium offer, elsewhere.

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### WHAT'S THE MATTER?

In an interesting paper upon the subject of vital statistics, in *Sanitarian* the writer, in alluding to the decline in birth-rate in *New England*, attributes it to a decline in the normal standard of physiological development, by which the law of propagation is impaired, etc. We think it requires no fine-spun theory of this kind to account for the fall-off in births. It is there as in France. The cause is unquestionably to be found in the work of the abortionists, and in methods used to prevent conception. The remote cause is a spirit of rebellion against the order of Nature for the multiplication of the species—a decline in virtue, and an increasing demoralization of the masses.

### WHERE TO SEND OUR STUDENTS.

A number of medical gentlemen have, within the last few weeks, asked our views touching the advantages and facilities of the various medical colleges. In reply, we will say, in our advertising department may be noted the advertisements of a number of medical institutions, with the terms and peculiar facilities of each set forth. We wish to draw no distinction between them, being satisfied that they are all first-class schools. By addressing a note to the dean, or secretary, of any one of them, no doubt full and satisfactory information can be obtained.

We freely accord with the party writing us, from Tennessee, that preceptors having pupils should make timely inquest as to the morals of the schools, and direct their students to colleges having the best facilities and the highest standard of medical education.

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A RABBI SPEAKS TO A MEDICAL CLASS. Rosenspits, a Jewish Rabbi, made the closing address to the class of the Nashville Medical College, on the subject of their duties after graduation. His address was original and peculiar. He holds that the physician's duty involves the intellectual and moral not less than the physical well-being of his patients. In conclusion, he advised them to high aspirations, affirming that it was possible for all to obtain eminence in the profession, giving them as a motto the maxim of the Grecian philosopher, Themistocles—"If you *will* what you *can*, you can what you will.

BENZOIC ACID IN CYSTITIS.—In the Wayne county Medical Society, Michigan, Dr. Mulhorn reported a case of obstinate chronic cystitis relieved by ten grain doses of benzoic acid. He regards it an admirable remedy in cystitis.

**ELECTROLYSIS.**

Dr. Cutler, of Massachusetts, at the American Medical Association, exhibited an apparatus devised by him for the electrolysis of uterine tumors. Pointed electrodes are driven into the tumor, sometimes through the abdominal wall, or through rectum, or vagina. The electrodes must be separated from each other by at least a half inch. Either should be employed during the operation, and the sitting may be from five to ten minutes.

**SAWYER'S FORCEPS.**

Considerable discussion was had in the Association, touching the use of the forceps in obstetrics. Dr. Quackenbush had read a paper before the New York State Society, that he had used the forceps fifteen hundred times. Dr. Newman, of Denver, advocated the use of the short forceps in the latter stages of labor, as a rule, and had devised a short forceps for that purpose. It was affirmed they might be used without the knowledge of the woman(?) Sawyer's forceps is a modification of Newman's, and the best in existence. Many protested against the doctrine of the frequent use of the forceps.

**UTERINE DILATOR.**

Dr. Serley, of Illinois, exhibited a new uterine dilator. It consisted of a silk bag outside of a rubber sack. A tube is carried into the sack to its fundus for the purpose of holding a metallic sound, by means of which the dilator is held within the cervical cavity to be dilated. A second tube connects the dilator with the syringe, by means of which the instrument does not slip out of the canal, as Barnes' dilator is inclined to do.

**PHILADELPHIA, PENNSYLVANIA FOR EGYPT AND ITALY.**—The Philadelphia *Ledger* says Messrs. Wm. R. Warner & Co., of that city, manufacturing chemists, recently furnished the medical department of the Egyptian army with a large supply of sugar-coated pills, for use in the army, and Dr. Edward Warren, Bey, Surgeon-in-Chief, wrote that the pills were "Portable, indestructible, and yet most potent in their operation; they were easily and safely carried throughout every portion of Northern and Equatorial Africa." The same firm have just received an order by cable for two hundred thousand quinine dragees (sugar-coated pills) for use in one of the large government hospitals in Rome, Italy.

**SOMETHING NEW.**—A novel and interesting episode occurred at the late meeting of the American Medical Association. Dr. Andrew McFarland, of Jacksonville, Ill., was married, in the

presence of the Association, to Miss Abbie Knox, of St. Louis. The happy pair were almost overwhelmed with the congratulations of the members.

**THE AMERICAN MEDICAL ASSOCIATION.**—This body, at its late meeting, refused to repeal or modify their previous action in regard to the excommunication of the Arkansas State Medical Association. It may reasonably be expected that this will prove an entering wedge to much future division, discord, and bitterness in the profession.

**SPECIFIC TAX ON PHYSICIANS.**—At the late meeting of the Georgia Medical Association a committee was appointed to memorialize the Legislature to remove the specific tax on physicians. At a former meeting of the society, previous to the war, one of the editors of this journal—Dr. Word—with Dr. J. G. Westmoreland and Dr. Southgate, were appointed a committee to do the same thing. They accordingly drew up a paper, setting forth the reasons for relieving the physician from this burden, and made a strong appeal to the law-making power. The leading point urged was the fact, which they most conclusively proved, that medical men do more gratuitous work, and contribute more to the poor than all other classes combined. The amount of drugs given away to the indigent sick, which the State authorities or county fund ought to supply, not to mention the labor bestowed, was shown, by an estimate from an average county to be enormous, the single article of quinine amounting to over \$50,000 per annum in the State. The memorial failed, as, in all probability, will be the case with this next effort. The memorial referred to was published in the *Augusta Medical Journal*, 1860.

**SCIENTIFIC ASSOCIATION AT NASHVILLE.**—J. B. Lindale, Secretary, kindly sends us invitation to the American Association for the Advancement of Science, to be held in Nashville, Tenn., August 20th to September 5th.

We regard this organization of the first importance. It should attract the attention and elicit the co-operation of enlightened and progressive minds, particularly in the South, where exists so many latent and undeveloped resources, not only in the agricultural, but in geological, mining, manufacturing, educational, and other departments.

## BOOKS AND PAMPHLETS RECEIVED.

## PROCEEDINGS AND REPORTS OF THE SANITARY COMMISSION OF THE CITY OF ATLANTA, GA., 1876.

The reports contained in this publication are interesting and instructive, and evince thorough research and careful investigation.

The reports of Dr. Rauschenberg and Goldsmith constitute full and elaborate expositions of the two prominent methods for the removal of excreta, etc., from cities. These papers should be read by medical men, containing, as they do, information relating to health and medical science in a department seldom studied and but little understood.

While we concede much ability and interest to the paper of Dr. Rauschenberg, we specially commend the report of Dr. W. T. Goldsmith, our associate editor, as presenting an able and interesting review of the whole field of sanitary reform, as drawn from the experience and observation of leading and advanced minds in Europe and America.

## TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

Through the kindness of our medical friend, H. S. Orme, M.D., of Los Angeles, we have a copy of the above interesting compilation.

After an able and entertaining address, by A. B. Nixon, M.D., President, we note able and interesting papers by the following medical gentlemen: Drs. Gibbons, Cushing, Montgomery, Shurtleff, Dubois, Wilder, Wells, Cox, Woolsey, Regensberger, Miller, and Wenzell. We regret that the Transactions reach us too late for a more particular notice at this time. It is a neat and creditable document of 166 pages, and speaks well for the profession in the young State of California.

*Popular Science Monthly*, for July, comes to us filled with instructive scientific articles, exceedingly interesting both to the intelligent popular reader and to the progressive medical man. It is, indeed, an ably conducted and valuable periodical.

## USE OF LARGE PROBES IN THE TREATMENT OF STRICTURES OF THE NASAL DUOT. By Samuel Theobald, M. D., surgeon to Baltimore Eye and Ear Dispensary.

THE WOODRUFF SCIENTIFIC EXPEDITION AROUND THE WORLD. Containing organization, plan, management, etc., of a contemplated expedition to be assisted and encouraged by the government, to start in October, 1877, and return in October, 1879.

Dr. Hammond, of New York, has in preparation "On the Influence of the Maternal Mind on the Offspring During Pregnancy and Lactation." By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System, in the Medical Department of the University of the City of New York.

In this work the author discusses the influence exerted by the mother during pregnancy and lactation on the physical, moral, and mental characteristics of her offspring. A notable feature is the many points relating to ante-natal education; for Dr. Hammond believes, and facts appear to warrant the conviction, that it is before birth that the training of the child should begin.

*Solution and Absorption of Medicines, or the Best Means of Securing the Good Effects of Medicine on the Cure of Diseases—Read before the Tri-States Medical Society, at Vincennes, Indiana, by J. W. Compton, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana.* The subject of this paper is one of great practical importance.

MERRELL, THORP & LOYD would respectfully solicit a careful perusal of their circular, appearing as an insert in the present number of THE RECORD. It is a full explanation of specific tinctures and fluid extracts, and is of interest to the profession. It is the circular of a house making the highest standard of medicines attainable, and claims always unflinching uniformity.

IRON AND ALUM MASS.—There is sufficient evidence, drawn from actual experiment in the use of this article, to show that it is a very valuable agent, particularly in chronic disorders of the liver, stomach, and uterus. The profession should test its virtues in practice. We publish an interesting article on the subject, in this number, by Dr. Green, of Macon, Ga.

CINQUO QUININE.—This preparation is evidently growing in popularity, based, as we believe, not only upon faith in the reliability of the house that manufactures it, but upon actual merit in the article itself. The paper of Dr. King, of Atlanta, Ga., upon this subject, in the present issue, will repay perusal.

DRA. KELLER & FOX.—See the card of Drs. Keller & Fox, Hot Springs, Arkansas. They are highly intelligent and worthy members of the profession.

# THE SOUTHERN MEDICAL RECORD.

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No. 8.

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W. T. GOLDSTEIN, M. D.,  
R. C. WORD, M. D.,

} EDITORS.

R. C. WORD, Business Manager.

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## Original and Selected Articles.

### PROGRESSIVE PHARMACY.

#### SUGAR COATED PILLS OF THE DAY.

BY WM. A. GREENE, M. D., MACON, GA.

Those who have read the published proceedings of the American Pharmaceutical Association for the past year or two, will remember the discussions concerning "ready made pills," and in the "Journal of Pharmacy" Prof. Jos. P. Remington and Mr. Samuel Campbell, of Philadelphia, have indulged in quite a *pill battle*, which was much safer than *bullets* though the *missiles* are so *similar*. But this is an important subject, and physicians should take care they are "posted," that their selections of these pills may be both judicious and intelligent.

For their information, I propose, in my feeble way, to briefly give my observation and experience concerning these Sugar Coated Pills, which are in such universal demand and use.

The well-known, standard ready made pills are embraced in the following list, viz: The official ready made pills; the "soluble pills," pills from Messrs. Schief-

felin & Co., of New York; the gelatine coated pills from Keasbey & Mattison, of Philadelphia, and from McKesson & Robbins, of New York; the compressed pills from John Wyeth & Bro., and Jacob Dunton, of Philadelphia; the medicated globules or pearls from E. Fougere & Co., of New York; also the *cachet de pain*, a French wafer recently introduced—and the *Sugar Coated Pills* from *many* well-known houses. Each of these claim superior merit and value, because of the relative solubility of the officinally prepared pills, and those prepared by *compression*, or by coating with gelatine, sugar, etc. In this paper I shall particularly discuss the *sugar* coated pills of the day—for the reason above mentioned, that they are most generally manufactured and prescribed, and called for by the people. For a pill to be valuable and reliable, it must be composed of pure drugs, be equally distributed in the mass, of uniform weight, and readily and rapidly soluble in the stomach. It is a question of some difference of opinion, among those who have examined the subject, which of the above mentioned pills are most soluble, admitting they are all honestly and skil-

fully prepared. Unfortunately, there is great adulteration and swindling in these covered or coated pills—the temptation being so great to make money by thus covering over and hiding the impure and worthless drugs—and obtain patronage over the head of their *honest* competitors, by selling *cheap* pills. I cannot lose this opportunity to caution against *cheap sugar coated pills*—and advise the *greatest* care in mentioning the *manufacturer's name*, when prescribing such pills. We cannot be too careful, especially when using *quinine* pills, as so often life depends on the prompt action of this invaluable medicine in our malarial diseases. It is admitted by all, that the official pill is the most soluble, provided, the proper excipient is employed in preparing them, as licorice, or what is much better, pure glycerine. Next comes the sugar coated and compressed pills, each advocated by intelligent pharmacists, as being the most soluble. In my experiments I have found very trifling difference between these two, when the sugar coated pill was properly selected—the *manufacturer*, being an important consideration.

In a trial with *nine* different manufacturers, I have found *none superior* to Bullock & Crenshaw's of Philadelphia—who nearly twenty years ago introduced sugar coated pills to the profession in the United States. When they introduced these pills there was not a firm in Philadelphia, or the state of Pennsylvania, making them, and but one other on the Continent. Through all these long years these pills have been in the hands of all druggists, all over the land, and not a breath of suspicion has ever been whispered against their purity and reliability. No greater commendation could be asked for. These pills received, among others, the award of a Centennial medal, for superiority of finish and purity of ingredients, after a critical examination by medical men of ability and skill.

Undoubtedly a fair test of solubility would be dependent upon the varied conditions of the fluids or contents of the

stomach, which cannot be obtained. We are, therefore, compelled to select a fluid as nearest approximating the average state of the dissolving powers of the organ, with a temperature of about 98° Fahrenheit, the acidity, alkalinity and digestive powers in average proportions.

After testing the solubility of all the ready-made pills before mentioned, I found from the samples furnished me, the sugar-coated pills most soluble, with conditions as above. Those used in the experiment were from those of Bullock & Crenshaw, W. R. Warner & Co., Hance Bros. & White, Reed & Carrick, and four or five others. There was really no material difference in the sugar-coated pills of the firms named—a small advantage in favor of the first one. I will give from the tabulated record I have preserved, the result of the Bullock & Crenshaw pill, since they excelled the others.

I will take the two-grain quinine pill (sugar coated) and the Pil Cath. Co. U. S. P., as samples, (also sugar coated). In a one and a half ounce solution of water at 98 deg., acidulated—the quinine pill-coating came off in five minutes, and disintegrated in twenty minutes.

The *Pil Cath. Co., U. S. P.*, was *fully* disintegrated in *forty* minutes.

In acidulated water 98° F., and small addition of pure pepsin (E. Shiefer) quinine pill was dissolved in twenty-six minutes.

The *Pil Cath. Co. U. S. P.*, in a state of solution in twenty-two minutes.

In each experiment the vessel containing the pills and solution was kept in constant to-and-fro motion.

Other sugar coated pills of Bullock & Crenshaw yielded relatively the same proportional results, tested with similar solutions—having in my possession the following, viz: Sul. Morphia 1-6 gr.; acid arsenious 1-20 gr.; pil. pulv. ext. coloc. c. 2½ grs.; podophylin ¼ gr.; pil. cinchonidia sul. i gr.; pil. monobromated camphor i gr.; pil. phosphorus comp. (phosphorus 1-60 gr. nux vom. ¼ gr.)

I carried the experiment of the B. & C. pills further to determine the quanti-

ties of ingredients in each. Of the quinine pills I dissolved several containing five grs. in a quantity of water, acidulated with a few drops of dilute sulphuric acid, from which the quinine was precipitated by water of ammonia, and agitated with ether, which was removed by a pipette to a weighed watch-glass. The quinine was left in a sticky mass after evaporation, which I dried at a moderate temperature, and weighed—thus determining the amount of crystallized sul. quinine. The yield was the full quantity claimed.

The market is filled with spurious coated pills, especially of quinine—since the recent advance in price and great demand; and we should exercise the most scrupulous care to guard against impositions which are being attempted on the profession, as well as the community at large. There is no doubt but the most prominent disadvantage in the use of these pills is their *insolubility*. Some of these nine samples were very difficult to dissolve, only yielding to prolonged application of heat, even after disintegration. Those that did so readily dissolve deserve great praise and credit, and should be remembered by every physician who reads this paper. The most persistent vigilance of the physician, not only as to sugar coated pills, but all pharmaceutical preparations, is the only remedy that will enable us to guard carefully against impositions of this character. The profession of the pharmacist will be yet more advanced and elevated to that perfect standard which is of such vital importance, when the products of the manufacturer come to be more frequently and critically examined. Testimony, at last, is the only way of arriving at the value of any of these pharmaceutical preparations.

[It is gratifying to know that this nice method of administering drugs can be relied upon, at least, in the case of those prepared by certain of our large and well known manufacturers in this line. We can substantiate the statement of

our contributor on the above article, having for a number of years used these sugar pills with great satisfaction, especially with delicate and fastidious patients.—Ed.

### FLUID EXTRACT KIDNEY LEAF COMP.

I feel that it is incumbent on me to make the following report:

"Bright's disease, and its treatment, are still among the *vexatæ questiones* of Pathology and Therapeutics. Dr. Bright, of London, first pointed out in 1827, the frequent connexion which exists between dropsy, and what was afterwards termed granular degeneration of the kidney, and presence of albumen in the urine, as an indication of the latter lesion. But Dr. G. Johnson, of King's College detected the real nature of this most prevalent and fatal disease, and more modern pathologists have made yet further discoveries of its *morbid anatomy*. It is a slow, insidious disease, beginning generally much further back than the patient is aware of. It would be impossible, within the limits of this paper, to follow the minutiae of the pathology, morbid anatomy, constitutional symptoms, state of the urine, consequences, causes and treatment of this perplexing disease. I propose here, with what has been said, only a brief reference to its treatment, with a "new remedy" which accidentally fell in to my hands, or rather, which I *accidentally used*. It is called by the manufacturers, "*Fluid Extract Kidney Leaf Comp.*"—and made according to the following formula, consequently no *secret* remedy or nostrum.

R. Fluid extract kidney—leaf...oz. xv.  
Testa mellusca.....oz. 1½.  
Nitrate potassa.....grs. 100.

Mix.

Dose, for an adult, one table-spoonful from three to six times in twenty-four hours, in a half tumbler of warm milk, being certain to keep bowels open once or twice a day, with some saline cathartic.

The circumstances causing me first to employ this remedy are as follows:

I had been for many months treating a gentleman affected with Bright's disease. His disease had become chronic and pronounced by several intelligent physicians to be *Bright's disease*. He had a pallid and pasty complexion, weakness and drowsiness; indigestion and frequent, almost constant nausea—trying to vomit first thing in the morning after rising; palpitation of the heart; unusual anæmia, and awakened frequently during the night to pass water. Anasarca had already appeared, with some ascites. Urine decidedly albuminous, with occasional red particles of blood. Specific gravity, as usual, very low, from 1012 to 1014, and under the microscope contained fatty epithelium scales. Urine was becoming scanty, and I anticipated speedy dissolution from uræmic poisoning. He had been in the hands of the best physicians, and I knew had taken all the usual remedies. His case had been given up as beyond all cure, as is generally too often the case, when arriving at the stage in which I found this poor man. My rule in practice is to never look or appear surprised at anything, and never give up a patient or quit dosing them. I first gave him freely of liquor ammoniæ acetatis, as so highly extolled at Guy's Hospital when this affection was first discovered, and since then been most carefully studied. It has been found by Dr. Addison that by acting on the skin, and thus relieving the congested condition of the kidneys, this was the best of all remedies, used in England, diuretics, at the same time, being avoided. I also put him under the mild influence of protiodide hyd., with ext. conium. Failing to benefit him, or even arrest the progress of the disease, I next gave him large doses of lime water, theoretically, from its having the property of dissolving protein. Under this treatment the albumen sensibly diminished, but the slight appearance of blood in the urine necessitated the disuse of this treatment. Not knowing what to recommend

the above-named medicine came to my attention, and being determined to use anything that gave the remotest promise of relief I concluded to give it an honest trial. I procured as quickly as possible two bottles of the medicine and directed him to take one tablespoonful every four hours in half tumblerful of warm milk, and if he improved to extend the interval to six hours and report again in two weeks. At the same time I gave him a bottle of beef, iron and wine with lactopeptine. In the mean time I corresponded with Messrs Reed and Carnrick for further information concerning the medicine, and also with intelligent physicians of good professional position, who had used the remedy successfully in the same disease. He returned (living some distance from Macon) after taking the contents of both bottles, to my great surprise, vastly improved in all respects. I furnished more medicine (same kind) with the addition of a bottle of granular effervescent bicarb. potass. to keep his bowels open. This treatment was begun in May 1877, and at this writing, being about three months, the improvement is sufficient to encourage the hope of complete restoration to health.

A second case, just entering the second stage of the disease, is taking the same treatment with even more benefit.

A third case of ovarian dropsy in a lady, two years ago in robust health, in whom the cyst had been twice emptied at an interval of eight months, urine decidedly albuminous, specific gravity 1018, is under similar treatment with decided benefit.

I have prescribed it in other cases of kidney and urinary trouble with satisfactory results. But for the fact of this being one of our standard and first-class manufacturing pharmaceutical houses, dealing entirely with physicians, I should not have noticed this preparation, even after my attention had been called to it by practitioners of good standing, who had tested its virtues. I have certainly seen enough of its therapeutic effects on this class of diseases to warrant the publication of my observation and experi-



ence, especially since its successful treatment has baffled the best skill, and become an opprobrium in medicine. While chemical investigations are most valuable and should not be overlooked in determining the value of remedial agents, yet testimony from facts and cases, after all, is the best and most reliable evidence.

I earnestly ask those having such cases to give this remedy a trial. It is being prescribed in various sections of the country by the best physicians, and with almost universally satisfactory results. I have taken considerable trouble to investigate the medicine, and see no more impropriety in physicians using it than the sulphate of cinchonidia, or cincho quinine.

## REVIEW OF CURRENT NEUROLOGICAL MATTERS.

CONDENSED BY C. C. VANDERBECK, M.D.,

In *American Journal of the Medical Sciences* for January 1877, Horatio C. Wood, M.D., has detailed a case of "Partial Aphasia without appreciable lesion of Island of Reil."

Post mortem examination revealed no change in the Island of Reil, though the membranes over it were thickened. Some other pathological conditions were found, such as thickening of Dura Mater, great increase of Cerebro-Spinal Fluid, thickening and exudation of lymph, behind the optic chiasm. Softening of extreme anterior apex of middle lobe on right side. During life ophthalmoscopic examinations revealed no choked disk. Dr. Wood takes occasion to remark that he doubts the supreme diagnostic value of choked disks. Its absence does not prove the "non existence of cerebral growths, or even of meningitis." He suggests that this case "does not disprove the theory of speech localization. The Island of Reil secures much of its blood-supply from the superjacent meninges," and as these were thickened, it is possible that sufficient

disturbance was produced in the circulation of the part as to cause interference of function.

## PREVALENCE AND FATALITY OF NERVOUS DISEASES.

Dr. Julius Althaus, of London, has drawn up a series of diagrams and tables, based upon extensive statistics, illustrating these questions. The result may be closely condensed thus: Paralysis has more largely and steadily increased than either cephalitis or apoplexy. Delirium tremens seems, on the whole, to be declining at the present time. Cephalitis, including the various inflammatory diseases of the brain and spinal cord, and their membrane, excepting tubercular meningitis, show an increase in the fatality of late years.

The popular notion that the mortality from *insanity* has increased during the last ten years, is shown to be correct. Convulsions, chiefly infantile eclampsia, form by far the most important cause of death amongst the several diseases of the nervous system. Diseases of the brain, including a variety of nervous maladies, show a tolerably steady rise, corresponding with the increase to be expected by reason of increase of population. The several diseases of the nervous system arranged according to their fatality are: Convulsions, apoplexy, paralysis, disease of brain, cephalitis, epilepsy, insanity, delirium tremens, tetanus, chorea. In answer to the question, "are nervous diseases, as is commonly asserted, more frequent in large towns than in the country, and is there any apparent influence of race or climate," he is of the opinion that the general notion is fallacious. He collected and compared the deaths from these diseases as they occurred respectively in London, the South-western counties, and Wales. He finds the death rate *lowest* in London; highest in Wales. He concludes "that excess of *manual* labor, is more exhaustive to the nervous system than excess of mental labor." The Welsh are the highest, not only by reason of habitation and occupation, but

by reason of difference of race. The nervous system of the Anglo-Saxon has greater powers of endurance and resistance to unfavorable influences than that of the Celtic races. This may furnish a clue why the Anglo-Saxon race appears destined to rule the world. This same gentleman discusses the *influence of age on the fatality of nervous diseases*. He shows that cephalitis is more common in infancy than later in life—the first year being the most fatal. Apoplexy is not uncommon in the first year, but declines afterwards and reaches a minimum at ten to fifteen; begins to rise at thirty-five, and a maximum attained at seventy. Paralysis carries off very few in early life; the maximum is reached at seventy. Delirium tremens has no deaths before fifteen; the maximum occurs at thirty-five. Chorea appears to be most fatal between five and fifteen years of life. Tetanus is comparatively frequent in the first year. A slight fall in the second year, in the third a slight rise, and the mortality of the period under five years of age, is altogether the greatest. Epilepsy to be very fatal in the first year, and altogether so in the first lustrium of life. Insanity carries off a few cases at two years of age; sixty-five years of age being the maximum.

In convulsions the influence of age is, perhaps, more apparent than in any other disease. The diagrammatic representation shows that the curve commences almost at the top in the first year of life; falls with great rapidity in the second, third, fourth and fifth year, and reaches the summit in the first lustrium of life. After that it descends with unparalleled precipitation, never to rise again. Convulsions during the rest of life are of only very slight account in the mortality from nervous diseases.

**SUPCUTANEOUS INJECTION OF MORPHIA FOR SCIATICA, LUMBAGO, AND BRONCHIALGIA.**—Dr. Henry Lawson, of London, writing in the London Times & Gazette, expresses his confidence in this mode of treatment as to relief of pain, but is not so positive of its radical

curative worth. During the patient's freedom from pain, he pays every attention "to his feeding, his walking, his warmth, and his *ease of mind*." No bodily improvement can go on with a worried state of mind. For a constitutional treatment he uses cod-liver oil, perchloride of iron, and hypophosphite of soda. He thinks this last salt one of the best ways to introduce phosphorus into the system. Some hints of value are given as to the use of the hypodermic injection:

1st. It is important to make the injection as close to the seat of pain as possible.

2nd. The needle of the instrument should be short. The long needle is more apt to produce abscesses, and absorption is not so rapid when this is used, "for the portion of the integument immediately beneath the 'zone of indifferent tissue,' is loaded with minute bloodvessels, while further in you have merely loose connective tissue, with far less vascularity. Again, the short needle is not so apt to break.

3d. Steel needles are preferable to gold; they are less easily broken, and keep their point better, and they are driven with less force.

4th. Never forget to clean the instrument after use. The doctor then investigates the question, Does bleeding from the wound inflicted by the syringe tend to render the absorption of the morphia more rapid than it would otherwise be? He believes that when a minute vein "has been opened in the course of the injection, a much more rapid absorption takes place."

5th. It is advisable that the patient should have eaten a good meal at least half an hour before the injection, as thus the soporific effect of the drug is much decreased.

In two or three cases the eyes have become curiously affected after the injection; one pupil more contracted than the opposite one, and marked impairment of vision in the contracted eye. The patient, in each case a male, can not see either near or distant ob-

jects distinctly, when looking from this one eye. This condition may last a number of hours.

FIRST DENTITION.—Dr. Little, of London, regards the evils of dentition "as the product of unfavorable influences in operation either before or at birth, or about the teething period." Infants who lack sufficient breastmilk, pure air, etc., "become the subjects of difficult dentition, rickets, infantile paralysis, breast and brain disease." "He thinks that the accumulated hindrances to development, occurring during the early months of life, produce effects during dentition which are often attributed to it instead of to disorder of more important organs; consequent upon errors of management or hereditary influence." He, at the same time, does not doubt the evil influence of difficult dentition upon the hyper-sensitive nervous structure of the infant.

West believes, that to dentition, directly, might be ascribed many diseases, especially those connected with the nervous centres. He mentions the great predominance of the spinal over the cerebral system in early infancy, and shows how any eccentric source of irritation was thus liable to be the origin of serious mischief.

#### SYMPATHETIC LESION CONNECTED WITH THE TEETH.

Dr. Hamilton Cartwright had only recently seen a case where the extraction of a tooth had relieved supposed amaurosis. He has under his care a lady who invariable referred pain to certain teeth on the recurrence of each menstrual period. Otagia and Otorrhoea during dentition can be explained by the connexion of the auricula—temporal and vidian nerve with the fifth, giving pain in the ear, and the long continued irritation of Jacobson's flexus, which, supplying the tympanic structures, is in connection with the otic and mechele ganglia, as also with the facial nerve and the carotid branch of the sympathetic. This explains suppuration of the ear.

DEATH OF A CHILD FROM FRIGHT.—The London *Medical Times and Gazette* notes such a case: The girl was but four years of age, and was so frightened by being shut up in a dark cupboard at a school, that "paralysis of the throat was caused, and death ensued.

[To be Continued.]

#### MATERIALISTIC PSYCHOLOGY.

BY A. DONALD, M. D., OPELOUSAS, LA.

OPELOUSAS, LA., July 7th, 1877.

On page one hundred and sixty-three, (June number 1877,) I notice an article from "the London *Medical Journal*" in which Dr. Winn sums up his arguments upon the above subject. It appears to me, that the time has fully come, when there should be no want of agreement among men of science, upon the subject of mental philosophy. If we examine the *Minute Anatomy* of the human brain, and compare it with the impressions made upon the mind, we shall look in vain to find these impressions made upon brain substance. What then shall we look for, simply to find how ideas are impressed upon the mind? If we can show how this is done, it will assist us in making out the phenomena of insanity. If we assume the existence of an entity called mind or soul, (and this can be done as readily as the existence of brain) we prove it by certain attributes, which belong to no other substance in being, some of these are consciousness, perception, reflection, and reason; the brain then being the temporary residence of the soul, is constructed in relation to the phenomena, which the soul or mind has to manifest, hence if we trace out the anatomical relation between such structure and the mind, we shall find, centripetal and centrifugal nerves, the centripetal being fully charged with electricity, and, in a normal condition, transmit ideas to the mind, and the centrifugal nerves convey these impressions outwardly, it would be the greatest absurdity in the world,

to suppose that the millions of impressions upon the human mind, could be photographed upon brain substance, the microscope will never demonstrate any such absurdity, the brain as such, has not the attribute of memory, perception, reflection and reason. Insanity, then, is referable to an altered condition of the centripetal and centrifugal nerves, a pathological condition—let post mortem examinations look in this direction, and these views will be sustained. Insanity comes from morbid conditions of these nerves and other brain substance, and not of a diseased mind or soul, which cannot be diseased. The attributes of mind forbid the idea of disease. If the mind could be a subject of disease, it would also be a subject of decay, and death, but, being *primal substance, it is uncreated* and eternal. There is no chemical reagent which can decompose it. Its organization and intellection, result from a physical construction by the allwise Architect of the universe. If the above theory of intellection and insanity is not the correct one, let anatomists and physiologists *prove the contrary*.

#### CASE OF TYPHOID FEVER.

By Z. B. HERNDON, M.D., Richmond, Va.

On the 9th September, 1874, I was called to see an old gentleman, aged 73, and, after attending him some days, was satisfied that he had typhoid fever.

He was put upon nutritious diet, consisting of Liebig's essence of beef, essence of beef "home-made," chicken jelly, milk punch, egg-nog, etc. Other articles were also tried, but of everything he soon tired, except the milk punch, which was his constant diet for fourteen months, during which time all efforts to induce him to take additional food were fruitless. A few trials of any article soon brought disgust.

The daily quantity of milk varied from one quart to three pints made into

a stiff punch with good whiskey, and was taken at intervals of two hours.

On several occasions death seemed imminent. At such times I sat by him and gave, in addition to the quantity of whiskey punch mentioned, brandy and carb. ammonia freely through the night.

During the whole attack there was but little opportunity for giving medicine. Turpentine every three or four hours, with Dover's powder at night, seemed to be beneficial. Different tonics, vegetable and mineral acids, were used during convalescence. Before recovery was fully established the lower limbs were attacked with a miserable eczema, which for a long time seemed to defy everything in the way of general and local treatment. Nothing afforded so much comfort as water in which was soaked the bran of wheat.

After rising from bed the process of reform was commenced. While my patient was a man of strictly temperate habits and great moral strength, it was interesting to observe how he seemed to be aware of every drop of spirit that was withheld, although the diminution was by the teaspoonful.

The system became tolerant of an enormous quantity of spirits without ever showing any symptoms of excess.

Time and perseverance established the old habit of strict temperance, and now the subject of this report weighs twenty-five pounds more than at any period of his life.

It will be observed that no new remedies are here suggested, but I hope interest will be found in these facts:

1. The age of the patient.
2. Duration of the disease.
3. Tolerance of one article of diet.
4. Persevering stimulation when death *seemed* to be master of the situation.
5. The patient is as strictly temperate as before the attack.

connected with some degree of hysteria.

After treating a few cases, unsatisfactorily to myself, (and them, too, I suppose,) I began the use of fl. ext. gelsem. gtt. x., with ammon. bromid gr. x. to xv., morning and evening; and have yet to prescribe these remedies for the case that was not materially improved or entirely cured in a comparatively short time.

Dysmenorrhea, or other complications, require their appropriate treatment. Many cases of so-called ovaritis, (sub-acute or chronic, (are of a neuralgic character, and benefitted by hypodermic injections of morphia and ergot, (fl. ext. in small doses.

#### PHLEGMASIA DOLENS.

During the past year three well-marked cases of this disease occurred in my practice.

One followed an abortion. at tenth week, in which the hemorrhage had been alarming, and, contrary to the usual termination described in "the books," suppurated; was lanced in the popliteal space, and again a few days later, at inner side of ankle, more than a quart of pus being evacuated from each incision.

In the second case, five weeks had elapsed from date of the confinement, when disease appeared, and in this case hemorrhage had been profuse after delivery.

In third case, the disease occurred three weeks after delivery, in case of entire placenta prævia in primipara, in which the operation of turning the child had been performed while the patient was under chloroform, and in which there had been excessive loss of blood from repeated floodings during the last two weeks of gestation, as well as during labor, before sufficient relaxation to admit of operative interference. These cases seem to uphold the theory that excessive loss of blood is predisposing, if not remotely, an exciting cause of this disease.

The treatment in all the cases was turpentine stupes, and warm water dressing,—opium sufficient to subdue pain and calm nervous irritation, good nour-

ishing diet, with tonics and stimulants as symptoms and condition of patient required. Nature is probably our best aid in these cases.

#### PUERPERAL MANIA.

A lady, aged thirty-two, mother of four children, was delivered of her fifth child, 28th February, 1876, and two days later became furiously maniacal, and unmanageable, having homicidal tendencies. Sixteen months previously, on birth of her fourth child, she suffered a similar attack, but not so severe in character, for which she had been treated with chloral and potass. bromid., with excellent results.

In last attack, these remedies failed to be of much use, and tr. lupulin, in fl.dr.ij doses, with fl. ext. gelsem. gitt. viij. was given every two, three or four hours, as needed to produce calmative effect. In a couple of days these medicines seemed to loose their beneficial effect. Patient was now freely purged by calomel and fl. ext. senna; the nucha freely blistered, and hypodermic injections of  $\frac{1}{4}$  gr. morphia with tinct. aconit rad. gtt. j. were used morning and evening, with the effect of controlling the cerebral excitement, though producing rather an unpleasant degree of narcotism the first few doses, which, however, passed by safely, and patient made a good recovery, having been deranged about ten days.

The probability is that another attack may be recorded in my case book ere long.

This patient's father was insane for a short time, a few years ago, but seems perfectly recovered.

#### TREATMENT OF CARBUNCLE.

BY C. B. LEITNER, M.D., COLUMBUS.

Having been called upon to treat three or four carbuncles at intervals of four to six months, I adopted the following course, with the best results:

It is known to the profession that generally before medical aid is called in, the usual routine of domestic remedies

has been exhausted. The plan which I have adopted has been to apply a large cupping glass, and exhausting until all the matter in the cribriform cells has been drawn into the glass, then remove it, and wash the place with a solution of carbolic acid; one part of acid to eight of water—keeping a cloth saturated with this solution on the carbuncle. When it becomes painful again (this having relieved it for a while), re-apply the glass. From two to three times will exhaust the matter.

A very moderate drawing of the cup should be kept up until all the matter is removed. Upon the first application the patient will complain, but after that, as soon as he experiences the peculiar throbbing pain, he will call for the cup again. Another advantage that accrues from this process, is the compression of the large blood-vessels which supply the ulcerated cells.

I would advise at every application, that the cups be placed in the same indenture, for thus they act as compresses upon the large veins which have become dilated by the inflammation.

I could report cases that have terminated very favorably from this course of treatment in from three to four days. A gentleman aged about fifty years, had a carbuncle a little to the right of the spine, over the upper portion of the right scapula, he had not slept for forty-eight hours. I applied a large glass with a piece of paper saturated in alcohol, which removed about four ounces of sanguineous puss, dressed the wound with carbolic dressing, and in less than half an hour, he was asleep, and slept four hours and a half without a narcotic.

With my experience in this treatment, I cannot too highly recommend it to the profession.

It is new to me, but may be old to some others; yet none of the authors whom I have consulted make the slightest allusion to it.

I have employed the same method in the exhaustion of boils and bone felons. After opening, I apply a common glass syringe, removing the rod and piston and

placing the nozzle over the orifice, I draw the breath through the smaller end. This process has accomplished more in one application than poultices would do in three days. Should I be called to see a case of carbuncle at its formation, when in the stage of a hard, circumscribed, livid-red swelling, and with severe burning and smarting pains, which are always present in the first stages, I would set the blades of the scarificator to cut deeply into the part, and then turn and cross each incision with the same instrument, then apply the cupping glass, and I have not a doubt but that it would prevent the formation of the carbuncle, particularly if the cut was applied two or three times.

The internal remedies which I have found best, are iodide of potassium, quinine and iron.—*Trans. Med. Association of Georgia.*

#### NECESSITY OF CAUTION IN THE EMPLOYMENT OF CHLOROFORM DURING LABOR.

Dr. W. T. Lusk, of New York, read a paper upon the above subject at the American Gynecological Society, and presented the following propositions:

1. Deep anæsthesia, carried to the point of complete abolition of consciousness, retarded, sometimes suspended uterine action. It was that fact which made it so valuable in many cases, but safety required that the woman should come partially from under its influence before completing labor, in order to avoid hemorrhage.

2. Chloroform, when given in the usual obstetric fashion, in exceptional cases, so far weakens uterine action as to create a necessity for resorting to ergot and the forceps.

3. Women in labor did not enjoy any absolute immunity from the deleterious effects of chloroform. A number of cases were related, and the Doctor was not willing to believe they were exceptional.

4. Chloroform should not be given in the *third* stage of labor.

5. The more remote influence of large doses of chloroform during labor upon the puerperal state was a subject which called for farther investigation and inquiry.

Dr. Wilson, of Baltimore, remarked that the cases referred to by Dr. Lusk were the first he had heard reported of death from chloroform occurring during parturition. He had used chloroform between two and three thousand times, and with not a single bad result. He always preceded its inhalation by the administration of a dose of some alcoholic stimulant.

Dr. A. H. Smith of Philadelphia, employed Squibb's ether in ordinary obstetric practice, because it possessed all the advantages of chloroform and was absolutely safe. There were cases in which he wished to produce absolute relaxation and loss of consciousness, and rapidly—for example, for the purpose of instantly carrying the finger to the fundus and removing an ovum, in cases of hemorrhagic abortions, then chloroform was the better agent, and for the short time the patient was under its profound influence, it was ordinarily safe.—*Med. Times.*

### GELSEMINUM.

Dr. Adolphus says: A few words as to the mode of using the remedy in typhoid fever. There are many cases which commence with distressing nervousness, as it is called. These patients are very restless from the outset, tossing about the bed, having little sleep, are flighty at times from the beginning of the disease. As nightfall they are considerably worse, but perceptibly so every other day. These cases are well held in check by gelseminum. The excessive nervousness abates, restlessness subsides, sleep comes, the patient goes through the disease with far less wear and tear; in fact, recovers in real good order.

In all diseases where the temperature is very high and waste great, gelseminum acts well and does great good.

In all diseases where the motor part of the cord is greatly excited, gelseminum is a special remedy.

In all diseases where there is any exacerbation, gelseminum can be relied on as the great remedy.

The dose of gelseminum is of considerable moment as to the good it is capable of accomplishing. Driveling doses seldom fail to disappoint. The idea of two drops in a mug of cold water, and a teaspoonful doled out now and then, is a delusion—the dose must be decided. By decided I do not mean a reckless administration of a potent remedy. Some persons will not bear more than five drops at once before some drooping of the lids comes on, or a little double vision is manifested, while others will stand and really need ten, and others fifteen drops.

Some cases can bear five-drop doses every hour for four or five times; others will only tolerate a repetition in three or four hours. A little dropping of the lids, and even some slight dimness of vision, is requisite to obtain the best results of the remedy.

With these remarks, it is needless to extend this part of the subject any further.

Gelseminum has another very valuable property—its power to increase the pain-subduing powers of the anodynes. Thus, when united with belladonna or morphia, or both, the anodyne powers of these drugs are immensely increased, and much more so than one would suppose previous to practically experiencing the fact.

Another remarkable feature gelseminum possesses is, when combined with nux, the combination has a remarkable tonic influence on the spinal system of nerves. In this way, many nervous affections are cured which neither alone would effect.

This combination often cures the colliquative diarrhoeas of teething children, the neuralgia of nervous women; the pain and tormina of bladder and rectum diseases; arouses the exhausted nervous system in low fevers; checks the flow

in excessive hemorrhage; relieves the pain of neuralgia. When a decided anodyne is needed, belladonna can be added with good results.—*Brief*.

#### NOTE ON THE AUTOMATIC REDUCTION OF HIP-JOINT LUXATION.

BY H. H. A. BEACH, M.D.

In the issue of the *Times* of June 23, 1877, is a letter from New York, dated June 19, 1877, which states that "Dr. A. B. Crosby has just given, at the Academy of Medicine, an exposition of what he terms *the automatic method of reducing luxations of the hip*." From this letter I extract the following:

After flexion of both thighs, "Dr. Crosby then placed his hands under the calves of the legs, quite near the knees. . . . Raising the pelvis a short distance from the floor, the head of the bone at once slipped in. He explained that in this procedure the patient was made to perform the reduction himself, a sort of *felo-de-se*, as he termed it, the weight of the body supplying the extension, while the counter-extension was made by the operator.

"The method was first described to him by a friend of his in Vermont, Dr. J. G. Allen, who had hit upon it accidentally, about two years ago, while in the act of lifting a patient suffering from this dislocation." . . . "In Dr. Bigelow's admirable monograph on luxation of the hip (a copy of which, strange to say, he found it difficult to lay his hands on in New York), he has found that the same position was used in a number of instances there recorded, but the method pursued was always different from that which he (Dr. Crosby) had ventured to call the automatic."—*Phil. Med. Times*, June 23, p. 447, 448.

In connection with these remarks of Dr. Crosby, I have only to say that it is a little difficult to see why Dr. Crosby flexes and lifts both thighs. He thus loses half of the counter-extending weight of the body.

Dr. Bigelow flexes only the dislocated thigh, and suspends the body by that alone. Otherwise, Dr. Crosby's alleged novelty is identical with the method fully described by D. Bigelow in his monograph. It is the method preferred by him, and I have repeatedly seen it efficient in his hands. It has been also used in England and credited to Dr. Bigelow.

His description of this method is as follows (see "The Hip," H. C. Lea, Philadelphia, 1869, p. 46). As the work is out of print, I have copied it:

"REDUCTION OF THE DISLOCATION OF THE DORSUM.—The dislocation may be equally well reduced by traction or rotation.

"By traction. 1. Lay the patient, when etherized, on his back upon the floor, bend the limb at the knee, flex the thigh upon the abdomen, adduct and rotate it a little inward to disengage the head of the bone from behind the socket. The Y ligament is then relaxed. . . . The thigh need only be forcibly lifted or jerked towards the ceiling with a little simultaneous circumduction and rotation outwards, to direct the head of the bone towards the socket.

"2. The surgeon's foot (divested, it need hardly be said, of boot or shoe) may be placed on the anterior superior spinous process of the ilium, or on the pubes, to keep the pelvis down, while he pulls the flexed knee up. Or, in the same way, while assistants suspend the pelvis a few inches from the floor, by a strip of board passed transversely under the calf near the ham, the surgeon may with his foot thrust the pelvis down to its place.

The mere weight of the body is not always sufficient to accomplish the object. Dr. Bigelow elsewhere shows that forcible traction is sometimes required. *Phil. Med. Times*.

CREAM FOR CHILDREN.—Sweet cream diluted in different proportions with boiling water, according to the age of the child, to which add ten or fifteen grains sugar of milk, constitutes an excellent diet in diarrhoeas of children.



## Abstracts and Gleanings.

### CRANIOTOMY.

The following cases of craniotomy were reported to California State Medical Society, Dr. Cushing, of Oakland:

*Case 1*—Jane T., aged 37; native of Ireland; married three years; was taken in labor with her first child, May 31st, 1871, at noon.

Dr. J. C. Van Wyck was her medical attendant, and upon examination found the os somewhat rigid, and the brim of the pelvis somewhat contracted antero-posteriorly.

The labor progressing slowly, the following morning I was called to see the case in consultation.

I found the os uteri fully dilated, and upon introducing my hand into the vagina, and up to the brim of the pelvis, the condition was found as follows: the promontory of the sacrum projected so far into the pelvis inlet as to leave the antero-posterior measurement, according to my estimate only two and a half inches; the head of the child was somewhat impacted and was flattened out to a considerable degree by the powerful action of the uterus in the efforts at expulsion.

Upon consultation it was deemed best to perform craniotomy and Dr. Van Wyck, by means of Thomas' perforator, the crochet, and the craniotomy forceps, succeeded after an hour's hard work in delivering the woman.

The patient was rendered insensible to pain by the use of chloroform and the effect afterwards kept up by ether.

She rallied quite well from the operation, and ultimately made a perfect recovery, although she suffered much from a large pelvic abscess which kept her in bed for over two months.

*Case 2*—Honorah D., aged 30; native of Ireland; married 5 years; has given birth to three children, one born at eight months, living, two born at full term, dead.

I was called on the evening of April

25, 1873, to see the above patient, and found her suffering severe labor pains. She was in charge of a German midwife, who assured her that if she would bear down, she would soon be through with her labor. The woman had been in labor about twelve hours, and according to her calculations was at her full term.

Upon examination, I found the head presenting, and a good deal flattened, the promontory of the sacrum projecting in a marked degree, and rendering the passage of the head impossible without lessening its size. Dr. Bradway saw the case with me, and we decided upon craniotomy as the only resource.

After evacuating the bladder and bowels, I placed the woman upon her back with the hips near the edge of the bed, and proceeded to perforate the head with Thomas' perforator. I then broke up the brain substance freely, with the perforator, and removed a considerable portion with my fingers. I then applied the large craniotomy forceps, one blade being introduced within the opening in the head, and the other outside the scalp, and by slowly but firmly twisting the bones, succeeded, in the course of a few moments in so breaking up and dislocating the bones which form the arch of the cranium as to leave the upper portion of the head in a jelly-like mass.

I then, seizing the occipital bone, made traction and had no difficulty in effecting a delivery.

The operation lasted half an hour. As chloroform was seriously objected to, none was given, the patient remaining submissive and quiet. I estimated the antero-posterior measurement at  $2\frac{1}{2}$  inches. The patient was small and slight built.

She made a perfect and rapid recovery, and called upon me at my office in less than three weeks after delivery.

*Case 3*—Mary Ann G., aged 36; native of Ireland; married 6 years; has given birth to two children, both still-born, and delivered with forceps.

Was called to attend her on the night of May 7, 1875, at 9 pm.

She had been attended during the afternoon by two physicians who had made repeated efforts to deliver her with forceps, but had failed, the patient stating to me that the instruments constantly slipped off, causing her great pain. The attending physician suggested craniotomy, but the Catholic priest would not consent to the procedure, as being contrary to the rules of their church; thereupon the medical attendants left the house.

Upon examination, I found the soft parts much swollen and inflamed by the repeated use of forceps; the head presented normally, but the conjugate diameter was much lessened, as in the last case, the antero-posterior diameter not exceeding  $2\frac{1}{2}$  inches.

After consultation with Dr. J. C. Van Wyck, it was decided that but one resource held out hope, and that was lessening the size of the child's head, one thing being certain, whatever was done must be done at once, as the woman's pulse was rapid and feeble. She already had lost a large quantity of blood, and had an extremely anxious expression on her face.

Assisted by Dr. Van Wyck, chloroform was administered, and craniotomy performed in the same manner as the last case, but attended with more difficulty, owing to a greater amount of deformity; even after the head was delivered, it required the use of a great deal of force to get the shoulders through the upper strait. The operation occupied one hour. The patient rallied well under the influence of morphia and whisky, and has made a slow but sure recovery.

In reporting the cases of craniotomy, a few points are to be noticed:

First, that in the last two cases, where the women had previously given birth to children with the aid of forceps, each succeeding labor was attended with more and more difficulty, showing that there was an advancing pelvic contraction.

Second, that after the head has been

perforated by the Thomas perforator, that no more efficient instrument could be desired than a pair of heavy-jawed craniotomy forceps, for with these the whole cranial vault can be broken up and rendered as compressible as a bag of jelly, by introducing one blade into the cavity of the skull and applying the other upon the outside of the scalp, the whole cranium can be broken up, by gradually changing the position of the forceps from one portion of the head to another.

The soft parts of the mother are usually protected from the fragments of bone, by the scalp, which is left intact, except at the point of perforation.

I have found the most advantageous point to seize for the purpose of making extraction, is the occipital bone, for by this means the chin is thrown down upon the chest and the least possible resistance is met with in extraction.

#### A SIGN OF EARLY PREGNANCY.

Dr. Eugene C. Gehrung, in *Practitioner*, remarks:

The diagnosis of early pregnancy is beset with such great difficulties that any addition to its signs should find a ready welcome. Part of the value of the sign I shall describe is lost, however, in so far that it is especially useful to the gynecologist only. The latter is often imposed upon by unscrupulous women, who, on account of their unwillingness to raise children, or to undergo the unpleasantness of a pregnancy, and under pretext of some disease of the womb, would have him produce abortion unknowingly; for which, if successful, he would certainly not receive her thanks, but could be sure to earn all the blame possible for his carelessness, and ridicule for his ignorance. It is easier to criticise than to avoid such mishaps. The history of these cases is often made up in a very deceptive manner.

Besides this not uncommon class of cases, there is another consisting of

women who, suffering actually from disease of the generative organs, are ignorant of their pregnant state; and who, by giving a history of their ailments that would leave the possibility, at least the probability, of a pregnancy out of the question, may place their attendant in a very unpleasant position by the results of his treatment, which, though unavoidable, with the present means of diagnosis at his disposal, would still subject him to the severest censure from the patient, the public, and the profession.

In the absence of any distinct signs of pregnancy, particularly when the history of the case appears good and other symptoms correspond with it, the practitioner is very apt to use the uterine sound or probe for further information, diagnosis or treatment. It is at this stage where the benefit of the sign presently to be described becomes apparent.

Several years ago, when my attention was first attracted by this sign, and its meaning not being fully understood, I disregarded it to my great sorrow and mortification. Since then I have met with a limited number of cases in which I escaped a similar annoyance by honoring this sign with the regard due it, and by endeavoring to err rather on the safe side. These latter cases either went to full term, or were terminated to my knowledge by somebody else, who earned the merited or unmerited reproach, as the case may be.

If a sound or probe be introduced into a healthy womb in the direction of its axis, previously defined by the usual methods, the sensation communicated to the hand through the sound when touching the fundus, is that of touching a moderately solid object, much resembling that produced in touching the roof of the mouth with the same instrument. If an ovum of any size be present, circumstances are changed.

The sound will proceed with equal ease to and through the internal os, but as soon as the ovum is touched the

sensation communicated to the hand is like that felt in pushing the sound against a bladder filled with fluid, that is a gradually increasing resistance; in addition to which, according to the size of the ovum, or the amount of pressure exercised, the sound will be driven back when loosely held with a greater or less amount of force communicated to it by the tendency of the ovum to resume its former globular shape. In other words, the sound meets with an exceedingly elastic body beyond the os internum instead of the solid uterine walls. If, at the same time, the sound enters beyond the normal distance, the probability of pregnancy—a further advanced pregnancy—is still greater. It is evident that whenever there is the slightest suspicion of pregnancy, the introduction of the sound should be made very gently, and as this entails no appreciable loss of time or extra trouble, this precaution may be used in every first examination with that instrument; or rather, should always be used, as patients may, and frequently do, get pregnant while under treatment.

This system, when present alone, is not positive evidence that pregnancy exists, nor when absent, negative; because there are a number of other conditions which give a similar result. On the other hand, it is a well known fact that the ovum, in the earlier periods of pregnancy, is only attached to a greater or less part of the interior of the womb, and consequently the sound may slip by it without producing that particular effect; yet when found it should caution the operator, and make him reconsider the case carefully before proceeding further.

Differentiation is necessary only between products of conception on the one hand, and certain pathological conditions on the other. These latter are:

Uterine flexions, Retained placenta, Uterine polypi, Retained blood-clot, and Carcinoma of the body of the womb.

## ENTERIC FEVER—IS IT CONTAGIOUS?

We extract from the Paper of J. S. Knox, M. D., to the American Medical Association, the following remarks:

In order to study the etiology of enteric fever, the writer addressed a series of questions to physicians of eminence in different parts of the Union, especially the State of Virginia. Many of the replies were contradictory. After defining the difference between direct or miasmatic contagion, positive cases and opinions were quoted from these replies, for and against direct contagion. The conclusion reached was, that while the evidence of direct contagion was often incomplete, there was positive proof of contagion from miasmatic influences; viz., infected water in the air. Many positive opinions were also quoted of the *de novo* origin of the disease, and the cases cited. Still, against such an origin it may be said that the disease may occur under favorable conditions, where direct importation may be excluded; thus, from germs left long ago, or from germs latent in the body and developed by favorable circumstances, or by wide diffusion in the air, of desiccated but living germs.

As a summary from the answers received, the following may be stated as external conditions favorable to the development of enteric fever:

1. Excremental filth undergoing moist decomposition, and contaminating air and water.
2. Contaminated milk.
3. Vegetable decomposition.
4. Decay of dry timber.
5. Soil saturated with organic impurities independently of water contamination.
6. Contaminated water.
7. Some undefined telluric influence not associated with organic contamination.

In regard to the relations between typhoid and malarial fevers, a majority of the correspondents consider them distinct, and of separate origin. A few

recognize hybrids. Most consider typho-malarial fever to be an adynamic form of malarial fever, due to pythogenic influences. Some recognize a decided antagonism between the two, and quote the marked absence of typhoid in malarious regions, and if the former does occur it is of mild type. The drying up of a marsh producing malaria, will introduce a new type of fever, viz: typhoid. Abundant illustration of this is seen in Illinois and the South. May be due to the fact that malaria requires a saturated soil, and typhoid a desiccated one.

English theories exclude epidemic influences, yet apparently typhoid fever may extend in the tracts of atmospheric currents independent of direct intercourse. Indeed, the observation of some give it a migratory character, due neither to local causes, nor yet to direct contagion. Further observation is necessary to establish many of the above conclusions. To do this, isolated cases must be studied, and meteorological conditions during the presence of an epidemic must be observed.

In the discussion that followed, Dr. Comyges, of Cincinnati, reported a succession of cases in his own family, proving the infectious character of enteric fever.

Dr. Plummer, of Rock Island, insisted that typhoid and malarial fever can occur at the same time in the same patient; proven by post-mortem examinations. There were many such specimens in the Washington Museum.

## JABORANDI.

Dr. Hutchins, in the Proceedings of the Medical Society of the County of Kings, says: To ascertain whether jaborandi was antagonistic to belladonna in respect to its influence on the secretion of milk, Drs. Ringer and Gould instituted experiments in two cases. "We administered thirty grains of jaborandi to a woman thirty-eight years old, confined of her ninth child four months previously. During suck-

ling she had very little milk, and the quantity had become much less of late. We gave her the medicine at ten A. M. She had suckled her child seven hours before. In ten minutes the drug produced its usual symptoms; in half an hour her breasts, which previously were flaccid, became tumid and distended, and on pressure yielded considerably more milk. In forty minutes the increase was still more marked, jetting forth in four or five streams.

To another woman, aged twenty-five, whose child is thirteen months old, we gave two doses of thirty grains, as the first had no effect. She emptied her left breast every ten minutes by pressure, and each of the three first emptyings yielded 40 minims. As soon as the perspiration and salivation became free, the quantity rose to 80 minims. The next time yielded 100 minims, the following 155 minims, the next time 80 minims. The salivation and perspiration at this time ceased. The next observation yielded 125 minims, the next 87 minims, the next 70 minims and the last 40 minims."—*Lancet*, January 30, 1875.

Dr. Will details the case of a mother who had been unable to suckle her previous child on account of the want of milk, and whose breast, on the fourth day after delivery, despite all efforts, were perfectly flaccid, and on pressure not a drop of milk could be obtained. Half ounce doses of the decoction were given, 2½ drams to six ounces water, three times a day, a strong decoction being at the same time applied to the mammæ. After two doses milk appeared. It continued to increase in quantity, and in ten days the drug was discontinued, as the secretion seemed to be fairly established. The child has every appearance of being well-nourished.—*British Medical Journal*, September 15th, 1876.

Dr. Bartholow used a fluid extract successfully in a case of deficiency in the secretion of milk in a nursing woman. "As the milk glands correspond in structure to the sudoriferous glands,

and are merely differentiated and specialized for their particular office, the effects of this drug in increasing the production of milk might have been, *a priori*, expected."—*Materia Medica and Therapeutics*, p. 387.

#### JABORANDI AND BELLADONNA.

Though jaborandi and belladonna are in so many ways antagonistic, it has not been found that pilocarpine proves of any benefit in belladonna poisoning.

"The relation between belladonna and jaborandi is partly of analogy, but mainly of opposition. Jaborandi resembles atropia in quickening the pulse, flushing the face, and in exciting a more decided influence in adults than in children. On the other hand, it is diametrically opposed to atropia in its action on the salivary, sudoriferous, and mammary secretions, on the pupils, and on the minute arteries. Further, the tendency of belladonna to cause delirium contrasts with that of jaborandi to cause prostration and sleepiness."

The foregoing constitute nearly, if not quite all, the specific cases in which jaborandi has been employed, which have been reported in the journals up to this writing. There is good reason for this apparently meagre showing of interest.

Jaborandi is emphatically unique and distinct in its physiological effects, and, as was suggested in the opening sentence of this paper, it is to be estimated for its ability to fulfil certain conditions arising in a multitude of morbid states.

In this view it has been diligently studied, as witness the careful observations of Robin and Gubler, and the French pharmacologists; the elaborate examination of its properties by Ringer, Gould, Craig, and others in England; Ambrosoli's series of experiments with fifty hospital and private patients; Riegal, who wrote enthusiastically in its favor in an extensive treatise; Merkel, with his 20 cases from the Nuremberg Hospital; Lohrisch, with a large number of observations from the Clinical School of Frerichs; Penzoldt, with seventeen cases from the Clinical School of Erlangen; Rosenbach, with twenty-three

cases from the School of Jena; Stumpf, with fifty-four cases from the Clinical School at Munich; Vulpian, Kohler and Soyka's experiments on animals, and the lately developed and growing interest among American observers. All these observers are in entire agreement as to the energetic diaphoretic action of Jaborandi.—(*Deutschis Archiv. für Klin. Med.*, November, 1875).

My own experience is entirely in harmony with the recognized properties of this drug, and I have had no failures to produce the prompt and active physiological actions with the jaborandi leaves obtained from Heydenreich Brothers, though these gentlemen say that some they had a year ago proved utterly inert.

The sum of the recorded experience is, that when diaphoresis is desired in any form of malady, it can be attained promptly and surely by jaborandi, while the size of the dose and the frequency of administration will regulate the profuseness and continuance of the diaphoresis, to meet any contingency desired.—*Proceedings Brooklyn Medical Society*.

### BROMIDE OF ETHYL AS AN ANÆSTHETIC.

At a recent meeting of the Academy of Sciences, M. Rabuteau gave some details of an investigation of the physiological properties and mode of elimination of bromide of ethyl.

Bromide of ethyl ( $C_2H_5Br$ ), or "hydrobromic ether," is a colorless liquid, with an agreeable odor; it boils at about  $40^\circ C.$ , has a density of 1.43, and burns with difficulty. The boiling point and density are, therefore, intermediate between those of chloroform and sulphuric ether.

Bromide of ethyl absorbed by the respiratory passages produces absolute anæsthesia as rapidly, or even more rapidly, than chloroform. This result has been established with frogs, rabbits, dogs, etc. After five minutes', sometimes after two minutes', inhalation, by means of a sponge saturated in bromide of ethyl, dogs are completely anæsthe-

tized. The animals recover more rapidly than when chloroform is used.

When a solution of hydrochlorate of narceia, or hydrochlorate of morphia, was injected under the skin of dogs, before inducing anæsthesia, an action was observed analogous but perhaps inferior to the simultaneous action of narceia, or morphia, and chloroform.

Bromide of ethyl is not caustic, nor even irritant, compared with chloroform. It can be ingested without difficulty, and applied without danger, not only subcutaneously, but to the external auditory meatus, and to the mucous membrane. In this respect it is preferable to chloroform, which is very caustic, and to sulphuric ether, of which the ingestion is nearly impossible. Introduced into the human stomach in doses of one to two grammes, bromide of ethyl does not produce anæsthesia as when absorbed in sufficient quantity by the respiratory passages. It soothes pain, and does not disturb the appetite.

This anæsthetic is nearly insoluble in water. Nevertheless, water shaken with it acquires a pleasant taste and odor. Frogs placed in water so saturated undergo anæsthesia in ten or fifteen minutes.—*Druggists' Circular and Chemical Gazette*.

### SANTONIN.

In a short article on the use of this drug (*Med. Times and Gaz.*, July 7, 1877), Mr. E. Marlett Boddy says there is no doubt that santonin is, for many reasons, by far the most efficient anthelmintic which can possibly be administered to children, and its combination with calomel he has found to be most advantageous in every respect. Santonin, like every other therapeutic agent, requires care in its administration; and if it is allowed to remain in the system it acts deleteriously, like certain cumulative medicines. This pernicious after-action one of course seeks as much as possible to obviate, and the only way to do so, as regards santonin, is to combine it with some purgative, such as calomel, which carries it off.

According to Falck of Marburg, if santonin is allowed to remain in the system we get a substance called xanthopsin, into which santonin is supposed to be transformed under certain circumstances, which at present are not well ascertained. This xanthopsin is excreted by the urine, giving it a remarkable yellow color, causing a similitude to that secretion passed in jaundice, and its presence there is easily detected by caustic alkalies, which reddened the urine. No doubt it is this xanthopsin which gives rise to those dangerous symptoms that have been so largely dilated on of late, and which many attribute to santonin only, forgetting or ignoring the presence of xanthopsin; and this mischievous action Mr. Boddy has found from experience to be entirely counteracted, or rather prevented, by administering calomel at the same time.—*Ab. Med. Science.*

**TREPANNING FOR FRACTURE OF THE SKULL.**—As a contribution to the literature of the operation of trepanning, Prof. von Linhart, of Wurzburg, reports the case of a young soldier, who was admitted into the Julius Hospital in 1866, suffering from a lacerated wound of the scalp and fracture of the parietal bone and of the squamous portion of the temporal bone. As the bone was not depressed and the symptoms were slight, the wound was merely dressed and the patient put to bed. On the second day twitchings in the muscles of the face and limbs were observed, which gradually became more severe, and on the third day well-marked epileptic attacks set in. These attacks lasted 10 or 15 minutes, and recurred almost every ten minutes. On the next morning the Professor trephined the patient as an exploratory measure, and found a small, pointed splinter from the vitreous table firmly imbedded in the dura-mater. This was seized with forceps and removed with some little difficulty. As there was but little depression of the fractured bone, no attempt was made to elevate it. The patient recovered quickly from the

coma, and had no more epileptic attacks. Fourteen days after the operation he was able to be moved to his home.

In spite of this and some other successful cases, Prof. von Linhart does not believe trepanning, either primary or secondary, to be of such great value as is claimed by many writers. His opinion is based on the facts that he has seen many desperate cases recover without the operation, and on the other hand has been convinced by many operations and post mortems that trepanning alone will neither prevent nor cure a traumatic meningitis or encephalitis.—*Centralblatt fur Chirurgie*, May 19th.

**TREATMENT OF CROUP BY EUCALYPTUS.**—Dr. Walcker (*Gazette Medicale de Strasbourg*, January 1, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression, and causes diarrhœa more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and it is incapable of expelling the false membranes. Two hours after the emetic he gives every hour a teaspoonful of a syrup composed of thirty-eight parts of simple syrup and ten parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives, as food, milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localized croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full blooded, strong, and robust children.—*Brit. Med. Journal.*

**CHLORAL IN CONVULSIONS.**—Dr. Jno. M. Thompson of South Carolina, says, in *Virginia Medical Monthly*: In a case recently of puerperal eclampsia, after blood-letting freely, I used large doses of chloral at short intervals with the most happy effects. In this affection it ranks with chloroform in controlling the convulsions, though it should be used freely in full doses of thirty to forty grains. In the spasm of children it is the remedy *par excellence*, and in numbers of cases in which I have used it, have never known it to fail.

Danger from the use of chloral hydrate has been apprehended by some, from it having been alleged to be converted into chloroform in the blood, but this idea has been pretty well exploded. I have never met with any deleterious effects after a constant use of the remedy for more than three years, and consider it equally as safe as any other agent of its class.

The profession should give it an impartial trial in this justly dreaded affection, and, after a trial, I am convinced they will always resort to it.

**PROPERTIES OF THE HUMAN GASTRIC JUICE.**—M. Charles Richet has been studying these matters upon the person of the patient on whom Verneuil successfully performed gastronomy. He has reached the following conclusions: 1. The acidity of the gastric juice, whether pure or mixed with food, is equivalent to 1.7 grammes of hydrochloric acid to a thousand grammes of fluid. 2. Acidity increases slightly at the end of digestion, and is independent of the quantity of liquid contained in the stomach. Wine and alcohol increase, but cane-sugar diminishes it. 3. If acid or alkaline matters are introduced, the gastric juice tends to return to its normal acidity. 4. The mean duration of digestion is from three to four and a half hours and more. Food does not pass successively but in masses. 5. According to four analyses made by a modification of Schmidt's method, it was proved that free hydrochloric acid exists in the gastric juice. 6. It is possible to

extract all the lactic acid to nine parts hydrochloric acid. 7. Following the method of Berthelot, that is, by agitation with anhydrous ether and deprived of alcohol, it can be shown that lactic acid is free in the gastric juice. 8. The question so long in controversy as to the nature of the free acid in the stomach seems almost solved, and it may be said that in every 1,000 grammes of gastric juice there are 1.53 grammes of hydrochloric acid and 0.43 of lactic acid.—*Lyon Medicale*, May 13, 1877.—*Med. Record*, No. 3.

**PROFUSE SWEATING.**—Dr. Finney used dilute sulphuric acid and liquor ferri perchloridi in phthisical sweating; also three grain doses of Dover's powder and sulphate of atropia (one-eighth of a grain for a dose). He mixed half a grain of the sulphate with sugar of milk, and divided the mass into forty pills. He bore witness to the value of atropia in the treatment of local sweating, and referred to a case of bromo-hyperidrosis of the feet, reported by Dr. Grimshaw (*Irish Hospital Gazette*, 1872, p. 52) as being cured by atropia. It had not, however, in his (Dr. Finney's) experience, checked the sweating in enteric fever.

Dr. MacSwiney had been taught to use the diluted mineral acids with bitter infusions, acetate of lead, and belladonna, as anhidrotics. Sponging the body with warm diluted vinegar was very efficacious. Having regard to the correlation of diarrhoea and perspiration in phthisis, he did not think it desirable to use energetic and continuous means of arresting diaphoresis in the third stage of the disease.

The chairman said that remedies like cod liver oil, which improved the condition of the system, often checked perspiration in a remarkable manner. Evening drinks should be forbidden, as far as possible. Cotton worn next to the skin and tepid sponging were useful. A powerful nerve like strychnia would lessen perspiration; but such remedies lost their effect after a time.—*Med. and Surg. Rep.*



## COCOA AS A FOOD FOR INFANTS.—

The great advantages to be derived from the employment of cocoa in the feeding of infants, especially of the poor, are obvious, for beside its heat-producing, flesh-forming ingredients, it is cheap, simple, and readily available. A teaspoonful, more or less, of a sound preparation of cocoa to half a pint of fluid, partly water and partly milk, even skimmed milk, when boiled for a minute or two, affords a wholesome meal to a hungry infant, and will *cæteris paribus* be thoroughly digested.

To present nutriment to the infant stomach, especially before the teeth are developed, in a perfectly fluid form, I have long since regarded as indispensable to the health of a child, inasmuch as the pepsin or solvent principle does not, as in adults, seem capable of reducing solids, not even pap, to such a state of solution that the lacteals or absorbent veins can act upon it with the same energy as in after life. The consequence is that the child, though largely fed is still hungry, accumulations take place in the intestines, its limbs and body waste as much from vitiated secretions, and the countenance assumes the canine ravenous expression of starvation and bad treatment.

I beg, therefore, respectfully to commend cocoa, as an article of infant's food, to the notice of my professional brethren.—*Wm. Faussett, Dublin Medical Press.*

**STRICTURES.**—In a valuable paper read before the Central, Ky., Medical Association, by Dr. L. S. McMurty, of Danville, we extract the following, which the author quotes from high authority:

(1) "All uncomplicated strictures, not highly irritable or resilient, should be treated by dilatation with soft instruments up to No. 9, conical steel sounds afterward; reintroduction being made every fourth to eighth day—the older the stricture the longer the interval, as a rule, and intervals of one week being most serviceable in the majority of cases."

(2) "All strictures at or near the meatus must be cut."

(3) "Resilient, very irritable, and, as a rule, traumatic strictures are best treated by divulsion, if they lie below four and one-half inches from the meatus, otherwise by internal urethrotomy. When a resilient stricture cannot be divulsed, it should be cut—internally."

(4) "Impassable strictures may usually be overcome, where there is no restriction, by time, patience, and skill, with whalebone bougies. If, finally, found impassable, the treatment is external perineal urethrotomy."

**A NEW METHOD OF TREATING NASAL CATARRH.**—Dr. Arthur Hartmann, of Berlin, reports a new method of treating acute and chronic nasal catarrh, which he has found of great service. This treatment is of importance to the aurist, because middle-ear troubles are not infrequently caused by nasal catarrh. The author discovered that inflation with air, during the act of swallowing, not only mitigated the ear troubles, the deafness and roaring sounds, but also relieved the frontal distension and fullness of the head. The air is simply forced into the nose with a rubber balloon, after Politzer's method for the ear. In order to ascertain the effect of compressed air, in expressing fluids from the nose, the author made a number of experiments on dead bodies. He filled the cavities about the nose with fluids, and observed that when air was forced in the fluids were forced out. The author hereupon reports a number of cases in which the unpleasant symptoms of nasal catarrh were completely relieved in this way. To remove the crusts of ozena, he uses a brush fastened at right angles to the end of a thin flexible wire, an apparatus such as is used for cleansing tobacco pipes. The tenacious secretion is entangled upon the brush and removed. The nose is then washed out with water, and air is forced in after the manner described.—*Deutsch. Med. Wochenschr., Cincinnati Lancet.*

**ECBOLIC ACTION OF QUINIA.**—Dr. Chiarleone presents, in the *Gaz. Med. Ital. Lombard.*, some few facts in relation to the alleged ecbolic action of

quinia which have resulted from experiments and observations made by him in the Maternite of Milan. He dissents from the views of Dr. Chirone on the subject, published in *Lo Sperimentale* during 1874-'5. He declares that:

1. The sulphate of quinia is incapable of abbreviating the pause between one contraction and another, and hence can not augment the number of the latter.

2. The duration of the contractions before and during the action of quinia does not vary sensibly; the use of this drug would therefore be a disadvantage (perhaps from the sedative action exerted on the nervous system in general.)

3. Quinia, given near the time of parturition, in doses of 0.50, 0.75, 1.00, 1.50 grammes, has no sensible action on the condition of the foetus.

4. Quinia does not seem to possess any virtue to augment the intensity of the uterine contractions.

5. The contractions, whether regular or irregular, suffer no change in their modality from any action whatever of quinia.—*New Remedies*.

**ACTION OF BUTYLCHLORAL.** Prof. Liebreich has made a series of experiments with butylchloral upon rabbits and the human subject, which are reported in the *Centralbl. f. d. Med. Wissensch.* In the case of human beings the following facts were noted:

To a child aged 4½ years, after trials had been made with smaller doses, 2.5 gm. of butylchloral were given in sweetened water. It soon fell into a sleep, from which it could be aroused by pinching its arms, falling again into slumber as soon as the irritation ceased. Irritation of the cornea, however, had no effect, and it appeared to be entirely without sensation. This want of sensibility was noticed even when the child was roused from sleep; but the nasal mucous membrane, on the other hand, was sensitive. To lunatics 5 gm. were given, and sleep, with anæsthesia, produced while the patients remained seated upon their chairs, to such an extent were the sensibility and reflex irritability of the body maintained. Contrary

to expectation, this remedy has afforded but slight relief in cases of tic-douloureux.—*Id.*

**CHRONIC INTERMITTENTS.**—Dr. C. Wellers, of Columbus, Texas, writes to the *New Orleans Medical Journal*:

"The persistence with which chronic intermittents sometimes resist our best directed efforts for their cure, renders it the duty of every practitioner to make known whatever plan of treatment he may have found successful. I submit the following, which has with me proven quite successful when strictly observed by the patient.

I give a mercurial cathartic when the condition of the secretions demands it, and then quinine in full doses to interrupt the next paroxysm. I then order the following:

R.—Sulphate quinine,  
Iron by hydrogen, aa gr. xc.,  
Powdered myrrh,  
Piperine, : : aa gr. xlv.

M. Make a mass to be divided into ninety pills.

S. One pill three times a day until all are taken.

In the majority of cases this would effect a cure; in some, however, it will be necessary to have the prescription refilled and continued for another month."

**INFLUENCE OF ARTIFICIAL SUPPRESSION OF THE CUTANEOUS SECRETION.**—Sokoloff (*Virchow's Archiv.*) experimented upon some forty-six dogs and rabbits. These animals were painted with oil and other substances, the results being as follows: The temperature usually fell. The urine showed gray and hyaline cylinders, kidney-epithelium, and young cells by which its specific gravity was increased; albumen also appeared. In one case, dropsy occurred. Diarrhœa, loss of power in the heart, cramps, sopor, and, when the coating was extensive or complete, death, in periods varying from a few hours to several days. Post-mortem examination, congestion of the brain and membranes, as well as of most of the internal organs.—*The Drug. Cir. and Chem. Gaz.*

**SCROFULOUS ULCERS—RED LEAD AND CINNABAR PLASTER.**—In his wards

at the hospital of Saint Louis, M. Vidal has for several years made use of a plaster which he considers very efficacious in cleansing the great number of ulcers and scrofulous sores. Its composition is as follows:

Diachylon plaster.....	26 parts.
Red lead.....	2.50 "
Cinnabar.....	1.50 "

These ingredients are thoroughly mixed and spread upon a piece of calico like an ordinary diachylon plaster; small pieces of the plaster are used, a little larger than is sufficient to cover the ulcer. It is a very appropriate mode of treatment, and may be easily employed for a long time. M. Vidal recommends it strongly.—*London Med. Record.*

**INEBRIETY.**—Dr. T. D. Crothers, physician to the New York Inebriate Asylum, in an interesting paper in the *Medical and Surgical Reporter* on the relations of melancholia to inebriety, thus concludes:

A. is a periodical inebriate from inheritance; after an attack, will disappear and wander round the country, purposeless and aimless, then recover, and return to business and friends.

B. is a periodical inebriate from obscure brain lesions. After he drinks to exhaustion and recovers in part, he is seized with a mania to look over his business with great care; nothing but a long inventory and personal inspection will satisfy him. This occurs after every paroxysm.

C. is a periodical inebriate from hardship and mental trouble. After the paroxysm is over, he walks the floor and is dangerously sensitive; will not bear confinement or contradiction, for a long time.

These symptoms are frequent in chronic cases, and are similar to melancholia. We conclude that melancholia may not be noticed before inebriety is developed, but it appears in many forms after inebriety comes on.

The third statement, viz., that the presence and prominence of melancholia with inebriety indicates profound disorder and complications, with a spe-

cial prognosis and treatment, is evident beyond question.

The following seems to be the general course and termination in all these cases:

1. All the symptoms increase into chronicity, ending in dementia or chronic alcoholism and death.

2. They may merge into acute disease, which will be localized in some organ, terminating in recovery or death.

3. The presence of both melancholia and inebriety may continue without marked change for a long time, then suddenly one or the other becomes intensified into great activity, or both disappear.

The first course or termination is very common. In the second, acute attacks of gastritis, hepatitis, various diseases of the kidneys, and often pneumonia, follow, and if they do not end fatally, the melancholia and inebriety disappear in many cases.

In the third class the cases are not closely observed, but, without doubt, they are numerous: a class of patients who drink to intoxication at long intervals, also suffering from melancholia and depression; this goes on without change for years, then they become demented or helpless drunkards, or from obscure cause they recover.

These cases are seldom recognized until the last stages, but, nevertheless, they possess the same symptoms, only in a less degree, as the most chronic cases.

To term this early stage a vice, because of its obscurity, is a strange misnomer, arising from profound ignorance.

The prognosis and treatment depends upon the history of each case and its various complications. In general terms, the marked presence of melancholia with inebriety is significant of general degeneration. When inebriety seems to follow melancholia the prognosis is also bad, and the treatment by prolonged residence and abstinence from the exciting causes, in an asylum, under medical care, gives the only promise of help.

If these statements are correct, the early stages of these two affections are

the same, and when the associations continue the case is serious. The conclusions may be summarized as follows:—

*First.* Inebriety and melancholia are identical in their early manifestations.

*Second.* They may follow each other, as both cause and effect.

*Third.* Their course and termination are alike, and they are subject to similar variations and complications.

*Fourth.* Both of these disorders are stages or phases of insanity with similar prognosis, and requiring the same general treatment.

**CHLORAL IN ECLAMPSIA.**—Dr. J. Masten, of Whitfield, Pa, reports to *Med. and Surg. Reporter*, a case of Eclampsia successfully treated with chloral hypodermically. He remarks:

I found my patient with strong convulsive movements of the facial muscles and muscles of the extremities, and was informed by her attendants that this was the second, and a very severe convulsion. Failing to procure either chloroform or ether, I felt that I was in very close quarters, with a responsible and dangerous case on my hands, and that the pulse, which was very weak and fluttering, forbade the use of the lancet.

Being thrown entirely upon my own resources, and considering myself justified in using any remedy that offered a hope of success, I immediately dissolved what I judged to be ten grains of chloral hydrate in a small quantity of water, and injected it subcutaneously in the left leg. The convulsive movements soon ceased, and I was gratified beyond expression to see my patient begin to rally, although nearly half an hour passed before she could control the muscles of deglutition, after which I administered the chloral, in combination with bromide of potash, about ten grains each, every hour. There was complete blindness for over an hour, but no symptoms of a return of the convulsions until 7 A.M., of the 24th. She then informed me that the pain in her stomach was returning, and that she was getting blind again, precursor of a third convulsion.

I commenced crowding the chloral and bromide, and the attack was warded off.

There was no return of the convulsions, nor any symptoms, after this period. It was not until three days after confinement that she realized that her labor had taken place. I saw the patient on the second day of June, and found her getting along fully as well as in previous confinements.

I attribute the good results in this case to the prompt administration of the chloral hypodermically. I was unable to examine the urine for albumen, from the fact that, from the first convulsion, until forty-eight hours after, there was complete suppression of urine.

**SOMETHING NEW ABOUT OXYGEN.**—Recent investigations have disclosed the singular fact that oxygen under high pressure rapidly destroys all living beings and organic compounds. All the varied phenomena of fermentation, in which the chemical action depends upon the presence of living organisms, are completely arrested by the action of compressed oxygen, even if exerted for only a brief time; while fermentations due to dissolved matter, like diastase, perfectly resist its influence. M. Bert, to whom this curious discovery is due, has found a practical application of it in the field of physiological research. The ripening of fruits is arrested by exposure to compressed oxygen, and hence it must arise from cellular evolution. The poison of the scorpion, on the other hand, whether liquid, or dried and redissolved in water, entirely resists the action of the compressed gas. Such poisons evidently owe their power to chemical compounds akin to the vegetable alkaloids. Fresh vaccine matter, subjected for more than a week to oxygen under a pressure equal to fifty atmospheres, retained its virtue; from which it would appear that the active principle in vaccine matter is not certain living organisms or cells, as some have supposed. The virus of glanders, after similar treatment, quickly infected horses inoculated with it; and carbun-

cular blood, though freed from bacteria, was found to retain its dangerous properties after the same test. These must, therefore, be put in the same class with vaccine matter.

If these results are confirmed by further investigations, the discovery is certainly a most important one, and will lead to the settlement of many disputed questions in physiological chemistry.—*Jour. of Chem.*

**CHOICE OF SEDATIVES FOR THE VERY YOUNG.**—Dr. Stokoe (Guy's Hospital Reports for 1876) says: "If we purpose giving a sedative to the very old or very young, we must be cautious, especially in using any of the preparations of opium, often cumulative in their effects. As a consequence of this, for some years past I have trusted almost entirely to sedatives other than opiates in treating children in their first septennate, and I have seen no reason to believe that any want of success has ensued from this exclusiveness. That such a precautionary measure is not altogether uncalled for, has been impressed upon me by my experience of the method of medication adopted by the more ignorant (including nurses and nursery-maids), whose frequent habit is to increase the prescribed dose sevenfold, or to repeat it with undue persistence, if it should fall short of the expected effect; with what result may be conceived when two or three minims of laudanum have been ordered for an infant. With potassic bromide and conium for the various morbid conditions incidental to teething; chloroform for administration during the paroxysm of a convulsive attack; chloral for those derangements in which insomnia is the prevailing symptom; aconite for inflammations, fevers, and feverishness generally; belladonna and hyoscyamus for many visceral disorders of a painful or obstinate nature, and combinations of these and other drugs to soothe coughs and the innumerable aches and pains of neuralgic, myalgic, or rheumatic origin—to say nothing of a host of external sedative applications, many of which are very potent—we need be under no appre-

hension lest we should be incapable of coping with the assaults of disease in children as effectually as we could do with one more weapon in our repertory."—*Drug Cir.*

## Practical Notes and Formulæ.

### THOMPSON'S EYE WATER.

R.—Sulphate of copper.....10 gra.  
Sulphate of zinc.....40 "  
Rose water.....2 pints.  
Tinc. saffron....."  
Tinc. camphor aa.....4 dra.

Mix and filter.

**TOOTHACHE DROPS.**—It is convenient for the practitioner to keep on hand a preparation for toothache. The following we clip from *Druggist Circular*:

- I. Chloral hydrate.....20 grains.  
Camphor.....15 "  
Chloroform.....30 minims.  
Tincture of aconite root....5 drops.  
Oil of cloves.....10 "  
Tincture of opium.....20 "
- II. Sulphuric ether.....7 fl. drachms.  
Chloroform.....7 "  
Oil of cloves.....2 "  
Camphor.....3 drachms.
- III. Carbolic acid.....1 drachm.  
Hydrate of chloral.....2 drachms.  
Tincture of aconite.....30 minims.  
Tincture of opium.....4 drachms.  
Oil of peppermint.....1 drachm.

**INFANTILE COLIC.**—Dr. J. P. F. Branner, of Topton, Pa., writes to *Journal Mat. Med.*: "I frequently have been called to treat cases of infantile colic, and found the use of opiates to produce only a temporary relief, and finally stun the system. I therefore present the profession the following prescription, which I find gives almost instantaneous relief, and effects a permanent cure:

R.—Tinct. asafoetida.....gtt. xv.  
Tinct. cinnamomi.....f. oz. ss.  
Sodii Carbonas.....dr. i.  
Syrup, Rhei Aromat.....f. dra. iii.  
Aque Fontane.....f. oz. iss.  
M.—Dose, half a teaspoonful ever three hours."

**TONIC DOSES OF MERCURY.**—Dr. E. L. Keys, New York, in a paper published in the *American Journal Medical Sciences*, January, 1876, gave the results of experiments with minute doses of mercury in the treatment of syphilis, or

as he styles them, *tonic* doses of mercury. He begins with the protiodide, gradually increased until impending ptyalism, etc. The dose, at which this symptom occurs, is called the "full dose." This, with opium added, if necessary, is continued until the syphilitic symptoms disappear. The full dose is then reduced one-half, and constitutes the *tonic dose*. This he continues until some fresh symptom of the disease appears, when the half of the full dose, which was dropped, is again added, continued and dropped as before. He follows up this for a period of two to three years, as the only sure method of eradicating the disease.

**A USEFUL PASTE.**—To every two tablespoonsful of the best wheaten flour add a teaspoonful of common moist or brown sugar, and a little corrosive sublimate; the whole to be boiled, and continually stirred to prevent getting lumpy, till of the right thickness. To stop mouldiness, add a few drops of some essential oil, as lavender or peppermint. This paste is used to make different thicknesses of card board for architectural and similar models. In putting or jointing these together, use the following: to six ounces of gum-arabic (best) add one ounce, or less, of moist or lump sugar, one teaspoonful of lavender or other essential oil, and a tablespoonful of gin, the whole to be mixed in cold water to the consistency of a thick syrup, no heat being in any way applied. This paste can be used for fastening paper firmly to tin.—*Journal Chemistry*.

**DIET FOR INFANTS.**—In Dunglison's late Reference Book we are told if the milk should disagree, a little lime water should be added, say a tablespoonful to a pint. If pure milk cannot be got, try the condensed milk, which more frequently agrees with the child. It is prepared by adding one tablespoonful of the milk to ten of boiling water, or more, if the child be older. No sugar is required. If this disagrees, try pure cream, diluted with three-fourths of water. By all means keep the nursing-

bottle perfectly clean by frequent scalding and washing.

#### SEDATIVE ANTISEPTIC.—

R. Chloral hydrate.....  
Salicylic acid.....  
Glycerine.....  
Sulphite soda.....each 1½ parts  
Distilled water.....8½ parts  
Spirits of wine.....1 part

Expose to 100° to 120° (Fahr.) of heat for a few minutes, until the sulphite, salicylic acid and chloral are evolved. Filter through bibulous paper. It can be used both externally and internally. Has been found useful in diphtheria, and as an antiseptic generally.

**FLAXSEED TEA.**—Pour a pint of boiling water over an ounce of whole flaxseed; cover lightly; digest for three or four hours near a fire, and strain; flavor with lemon. A little bruised liquorice root may be added in the preparation; or, if this be disagreeable, may sweeten with sugar, if the patient desire it. Excellent demulcent drink in renal irritations, and to allay cough in pulmonary affections.

**COLD MILK PUNCH.**—Take a wine-glassful of good brandy, two tablespoonful of water, a tablespoonful of loaf sugar, and a half wine-glassful of rum; add some small lumps of ice; stir together, and add a teacupful of fresh milk, and flavor with nutmeg. In the absence of ice, cold, fresh well or spring water will suffice.

**URATES.**—These appear only when the urine is cold, and disappear if the urine be heated. They form a heavy precipitate at the bottom of the vessel, with an ill-defined upper border, and are white or deeply tinted by the coloring matter of the urine. They have been called "lateritious deposit," "brick dust deposit," etc.

**OXALATE OF LIME**—Does not appear as a distinct sediment, but exists as isolated crystals entangled in a mucus cloud, of octohedral or dumb-bell shape.

**URATE OF LIME** is a white amorphous powder, of rare occurrence.

**SLIPPERY ELM JELLY AND TEA.**—Stir four tablespoonsful of bark into a quart of cold water; let it stand all night; in the morning strain and add the juice of one lemon; simmer *gently* twenty minutes, then sweeten and pour into a mold to cool and harden." [*Dunglison.*] Useful as a diet in bowel affections, etc. The tea is made by pouring a pint of boiling water to an ounce of the bark; cover and let stand near the fire for three hours, and strain.

**WINE WHEY.**—Take fresh milk, a pint, heat to boiling point, and pour in half a pint of white wine; heat to a boil again, being careful not to stir it; as soon as it boils set aside until the curd settles, then pour off the clean whey. If too strong, weaken with water. May be sweetened to suit the taste. It is gently stimulating and nourishing, and well suited to very weak or low conditions of the system.

**CARB. AMMONIA IN SNAKE BITE.**—Dr. Knott, in *Medical and Surgical Reporter*, reports a case of bite by a large rattlesnake successfully treated with the following solution, repeatedly and freely used, injected with the hypodermic syringe into the veins, half drachm at a time:

R—Carb. ammonia... ..gr. xl.  
Aque distil.....oz. i.  
M.—

**DISINFECTANT FOR PRIVIES.**—The best disinfectant for privies, cesspools, sewers, etc., is a solution of eight pounds of coperas in five gallons of water. If carbolic acid be added it will be still better.

Dry earth has also been found very useful in destroying the offensive odor of privy vaults.

**NITRIC ACID TEST FOR ALBUMEN.**—If the urine is albuminous slightly, nitric acid added will show a turbid whiteness; if abundant, there will be coagulation, unless soluble nitrate of albumen is formed. If uric acid be in excess, the nitrate of urea will be precipitated, and may be seen with a microscope.

**DURATION OF PREGNANCY.**—Count 280

days from the beginning of the last menstrual period, and you will not miss it exceeding four or five days, one way or the other.

**FOR RINGWORM.**—Apply liquor ferri per chloride fortior, mixed with an equal quantity of glycerine, on three successive days. After waiting a few days, reapply if the cure is not complete.

**FOR HAEMATURIA.**—

R. Acidi gallici..... dr. j.  
Glycerine... ..oz. j.  
Aq. bull.....oz. v.  
Mix. S. Dose, a tablespoonful.

**DIPHTHERIA**—Citric acid, used locally as spray, or with brush, slightly diluted, has been useful in this disease.

**BROWN DISCOLORATION OF SKIN.**—

R. Hydrarg bichlor..... grs. viij.  
Boracis pulv..... dr. ij.  
Acid. acet. dil..... dr. ij.  
Alcohol.....oz. ij.  
Aqua, ad.....oz. iv.

M.

S—Apply to the skin.

**URINARARY DEPOSITS** (*Dunglison*) *uric acid*.—Yellow, reddish or brown sediment; little masses of crystals, assuming various forms.

**SEBACEOUS GLANDS** can be destroyed by the injection of tr. iodine into the sacs through the hypodermic syringe.

**BROMIDE OF IRON** has been successfully used in incontinence of urine in children; also in hysteria and spermatorrhœa.

**FOR ACNE.**—

R. Adiple..... dr. v.  
Sulphuris... }  
Acid tinnici. } a a grs. viii. to xv. Mix.

Also, in the morning, bath freely with warm water and a little bay rum, gradually increase the bay rum until one-third of the quantity of rum to water is used.

R. Zinci cyanidi..... grs. 1-12.  
Pulv. accaciae. }  
Sach. lactis. } a a ..... q. s. Mix.  
ft. pill one.

S—Ten of these pil's may be given in twenty-four hours.

**CHRONIC DIARRHŒA.—**

- R. Oxide zinc..... 100 gr.  
 Sodii bicarb..... 16 "  
 Div. into chart..... No. 6.  
 S—One every three hours.

Salicylate of soda has been used successfully in sciatica, tic, intercostal neuralgia, and in pain of gout, given in seven grain doses, in capsules.

Saturated solution of common salt has been found to relieve the pain of burns, also, common soda.

Epilepsy has been relieved by santonine, in doses from one to five grains, daily.

A few drops of nitric acid, in a glass of sweetened water, will relieve hoarseness.

**PHOSPHATES.**—In acid urine they appear as a cloudy precipitate, at once soluble, in a drop of nitric acid.

**CATARRH SNUFF.—**

- R. Bismuthe, trisnit..... dr. vi.  
 Pul. accaciae..... dr. ij.  
 Morphia muriatis..... gr. ij.

M.  
 S—Use occasionally as snuff.

**CARBOLIC COLLODIN.—**

- R—Collodii..... aa dr. i.  
 Olei ricini  
 Acidi carbolici..... oz. i.

M.  
 Useful in chronic ulcers.

**SORE NIPPLES.—**

- R.—Acidi tannici..... dr. i.  
 Collodii..... oz. i.

M.

**TOOTHACHE DROPS.—**

- R.—Creasote  
 Chloroform... aa dr. i.  
 Vinl opii..... dr. ij.  
 Tinc. binzoini..... dr. ss.

M.

**SALIVATION.—**

- R.—Acidi Tannici..... gra. xxx.  
 Glycerina..... oz. i.  
 Aquæ..... oz. vi. M.

S.

Mouth wash.

The Laetate of soda is recommended in cases of insomnia of debilitating diseases, after convalescence, or after hemorrhages.

URATE OF AMMONIA in the utine ap-

pears in the form of brown round balls, covered with spines.

**OBSTINATE VOMITING.**—Oxalate of cerum in four grain doses, every two or four hours.

## Scientific Items

**MAN'S AVERAGE HEIGHT.**—Statistical tables taken by army surgeons during the late war, show the mean height of over a half million men of different nationalities. From these it appears that the American Indian stands at the head of the test, his mean height being 67.934 inches. The American white man is next in order, being 67.672 inches. The Scotch 67.066. English 66.575. Russia 66.393. France 66,227. Mexico 66.110.

**A NEW MARINE DISTRESS SIGNAL.**—A man in Vienna has devised a signal for the purpose of illuminating the sea when an attack by torpedo launches is possible. It consists of a shell containing a bottle full of a liquid capable of giving off phosphoretted hydrogen. Wet sponge surrounds the bottle, which is broken by the discharge from the gun; the liquid coming in contact with the wet sponge speedily generates gas, which drives out two stoppers, and two streams of illuminating matter are poured upon the sea.

**TEMPERATURE OF THE INTERIOR OF THE EARTH.**—From observations made on the Well of Sperenburg, near Berlin, M. Mohr concludes that at the depth of 5,170 feet the increment of heat must be nil. A similar decrease of the increment of heat has been observed in the Artesian Well of Grenelle. Hence, M. Mohr draws conclusions unfavorable to the Plutonian theory.—*Les Mondes*.

**DAVYUM.**—Herr S. Kerne of Russia, has discovered a new metal to which is given the above name in honor of Sir Humphry Davy. It has a silvery appearance; is extremely infusible, hard and to some extent ductile. Its specific gravity is 9.385.



## Editorial and Miscellaneous

**All communications relating to the business of THE RECORD, for the year 1877, must be addressed to**  
**DR. R. C. WORD,**  
**Business Manager Southern Med. Rec.,**  
**Atlanta, Ga.**

**Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.**

**Send money by check, postal order or registered letter.**

**Write your name, post-office, county and State plainly.**

### SPECIAL NOTICE.

To all persons receiving this issue as a specimen, we wish to say, try our journal. You will find it plain and practical, containing a great many valuable suggestions, hints, formulas, etc., which, in the course of a year, will largely indemnify you for the small amount of subscription. It is best to take the back numbers, so as to have a complete volume; but may subscribe for six months, if you prefer. See our club and subscription rates elsewhere.

**TO OUR EDITORIAL BRETHERN.—POSTAL ANNOYANCES.**—We take it for granted that all of our cotemporaries in journalism have had trouble with the Post-office Department in regard to postage on instiched matter. If notice had been given that, at a set period ahead, these inserts would be required to pay increased rates of postage, then we could have adapted ourselves to the requirement without loss or inconvenience by closing out our contracts with advertising patrons, or otherwise arranging with them. As it is, the construction put upon the law, and its hasty enforcement, has caused serious loss to many journals. We now propose to our editorial brethren to unite with us in an effort through our journals, and by operating on our representatives in Congress, to procure the passage of a law simplifying our postal regulations and removing all petty restrictions and technical exactions. A law *liberal, uniform, cheap* in the matter of postage, and free as possible from doubtful construction. We would not be understood as censuring the present incumbents, as they must enforce the law as they find it; but the law itself should be modified in many particulars. Especially let us, as journalists, insist upon having as easy rates of postage as the newspapers, which pay only two cents, while we pay three cents per pound. An able gentleman, experienced in postal matters, has promised us to draft a better law, and a representative in Congress, from Georgia, will introduce the bill and defend it. We respectfully urge upon editorial brethren to use their influence in its behalf.

**WATER.**—Happily, the old custom of starving patients for water is giving away. Yet many old fogies, and nearly all the old women, still adhere to the custom. There may be exceptional cases, as in gastric inflammation, where water must be partially withheld, or given in small quantities with ice. Yet they are certainly rare, and it is a question whether or not a plenty of it taken cold and fresh from a well or spring would not give relief to the sufferer. Water is Nature's remedy for thirst, and there is no proper substitute for it. Recently we were called to a patient suffering from a remittent form of fever, with intense thirst, red and dry tongue, nausea and frequent vomiting, etc. For four days she had been thus suffering, no water being allowed, except a spoonful or two, which was vomited as soon as it became warm on the stomach. We ordered a dipper full of fresh, cold water to be given as often as she wanted it. The old nurse looked aghast at the idea, and the patient, though eager for the draft, trembled through fear of the consequences, having been taught to believe that it was dangerous by her old and favorite family physician, who had attended her once *for six weeks* in a similar attack, during the whole of which time she was not allowed a single full drink of water. The result in the above case was not only delightfully refreshing to the patient, but soon brought about a favorable change in her condition. The heat and thirst were diminished, the secretions and emunctories went to work, remedies which before were rejected or inefficient were absorbed and appropriated, and the patient was soon restored to health.

**MEDICAL SOCIETIES.**—We have before adverted to the importance of Medical Societies. Almost every village—certainly every county—could establish a weekly, a monthly, or a semi-annual meeting, according to circumstances. From these societies brief reports of anything important should be sent up to the Medical Journals for the general good. The mingling of the members of the profession at these meetings would not only prove mutually instructive, but highly promotive of social feeling and brotherhood. As doctors, the community cares but little for us except when they are sick. In fact, there is a strong prejudice against the physician. His heavy responsibilities, his irregular life, his anxieties, cares and trials are not appreciated, nor are his labors and charities to the poor and indigent sick, else he would not be subjected to a large specific tax, as is now the case everywhere. Let the members of the profession consider these facts, and stick together. Let there be no petty jealousies harbored toward each other, but let them be friendly and liberal, each guarding with care the feeling and reputation of his medical brethren, and the result will be beneficial, both to the profession and to the public.

**TO THE COUNTRY PRACTITIONER.**—J. F. Mooty, M.D., of Louisiana, in a private communication

complimenting the practical character of **THE RECORD**, and the interest which it takes in the village and country doctor, thus concludes:

"I wish to say this to my brethren of the country: **THE RECORD** presents the best opening for you I have yet seen. Hospital statistics and long prosy dissertations do not suit me. I wait on a live people—and I presume it is so with all of you. Syrup of morphia, beef-tea and brandy will not cure a robust and otherwise healthy young man of pneumonia in this country. There is a marked difference between city hospital and country practice. If you can get the country physicians interested sufficiently to send up 'home-made reports,' ask questions, and procure answers through **THE RECORD**, its present great usefulness will be still further increased and much practical benefit will accrue to its readers and the profession generally."

**MEDICAL COLLEGES.**—We give place to the following extract of a private letter on this subject: "Your brief editorial on the question, 'Where to send our Medical Students,' meets my hearty approval. First-class schools alone should be sustained by the profession. I have some views on this subject which, if time permits, I will send you for publication, perhaps by your next issue."

While it is peculiarly the province of medical journalists to advocate the ethics of our profession, and especially to encourage a high standard of medical education, it is equally the duty of every member of the profession to aid in the work. We are gratified, therefore, at the reception of letters like the above, and shall be pleased to give place to the promised communication, if it comes.

A **LETTER** from Dr. T. B. Swift, a medical friend of Cooksville, Miss., thus concludes. We hope his inquiries will be answered:

"We would be pleased to see something from some brother M.D. on the pathology and treatment of some diseases that seem to be prevailing through portions of our Southern country, to-wit: Hemorrhagic Malarial Fever, or yellow chills; Typhoid Pneumonia; Pernicious Fever; Puerperal Peritonitis, and Ante et Post Partum Eclampsia; Hydro-pericarditis, and Endo-pericarditis; Hydrothorax. Hoping to hear from some brother physician on the above maladies, with respect I remain yours, etc."

**MONOBROMINATED CAMPHOR** IN SUMMER COMPLAINTS OF CHILDREN.—Dr. H. W. Taylor, in *Med. Rev.*, speaks in exalted terms of monobrominated camphor in cholera infantum and diarrhoeas of children. His reports show an unprecedented success with this remedy. He uses it in what he calls the first decimal trituration (homeopathic)—one grain triturated with ten grains of the sugar of milk. Of this he gives one grain in oft repeated doses. He remarks, "It is the best showing ever made by any drug, or combination of drugs, in this terrible disease."

**POTENTILLA CANADENSIS.**—The potentilla is a plant resembling the strawberry, growing in old fields and blooming in July or August, having a small yellow blossom. It has been called cinquefoil, or mock strawberry. The eclectics claim

wonderful virtues for it as a febrifuge—particularly in typhoid fever. It is given freely in infusion.

DR. J. L. HAMILTON, of Georgia, informs us that he has found no remedy so useful in albuminous conditions of the blood and dropsical accumulations as the following:

R. Acetate squills..... .oz. ij.  
Acetate pot.  
Spta. nitre dulc .....aa oz. j.  
Tinct. digitalis..... .dr. i M.  
Teaspoonful every four to six hours.

**FLUID EXTRACT OF KIDNEY LEAF COM.**—The above remedy is highly extolled in that opprobrium of medicine—Bright's disease of the kidneys.

**INEBRIATE ASYLUM.**—The American Association for the cure of inebriates will hold its eighth annual meeting at Chicago, Ill., September 12th, 1877.

#### BOOK NOTICES AND PAMPHLETS RECEIVED.

**THE PRACTICAL REFERENCE BOOK**—Adapted to the use of the Physician, the Pharmacist and the Student. By Richard J. Dunglison, M.D., Philadelphia. Lindsay & Blakiston, Philadelphia.

This is a work of 835 pages, ably gotten up and neatly published; furnishing, in a compact form, information most important and desirable upon subjects like the following: metrical weights and measures; doses of medicine, including recent therapeutical agents; subcutaneous injections, incompatibles, modern treatment of diseases, selected prescriptions, examination of urinary deposits, dietetic preparations, post mortem examinations, etc., etc. The facts and hints collected in this volume are such as every physician should know, and many of which he could not learn except from a vast amount of reading, and from numerous professional treatises.

**DISEASES OF THE STERNUM**, by violent action of the diaphragm during coughing. By F. J. Lutz, A.M., M.D. An interesting paper read before the St. Louis Medical Society.

**ANALYSIS OF SEVEN HUNDRED AND SEVENTY-FOUR CASES OF SKIN DISEASES**, treated at the Demilt Dispensary during the year 1876, with remarks on treatment. By L. Duncan Bulkley, A.M., M.D., Physician to the Skin Department Demilt Dispensary, New York, Fellow of the New York Academy of Medicine, etc., etc. D. Appleton & Co.

A valuable paper upon a class of diseases too little studied and understood by the profession.

**A PAPER ON SURGERY OF THE HAND.** By E. T. Easley, A.M., M.D., Little Rock, Ark.

A pamphlet of 28 pages, well written, and containing valuable practical suggestions, well defined in the initial paragraph as follows: "1. Some account of the anatomy of the part; 2. The mortality from operations and injuries; 3. Conservatism as applied to its surgery; and, 4. Suggestions as to operative proceedings."

# THE SOUTHERN MEDICAL RECORD.

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} EDITORS.

R. C. WORD, Business Manager.

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## Original and Selected Articles.

### REVIEW OF CURRENT NEUROLOGICAL MATTERS.

CONDENSED BY C. C. VANDERBECK, M. D.

(Concluded.)

CONVULSIONS OF CHILDREN. — Dr. Trezevant, of Columbia, has used physostigma in several cases of infantile convulsions, with excellent results. He was led to use it from the suggestion given by the great benefit obtained from the drug in a case of tetanus. The spinal system being in excess over the cerebral system in children, we possess in this medicine "an agent capable of neutralizing and keeping in check this predominance of the spinal over the cerebral system." The dose he gave was one-thirty-second of a grain of the alcoholic extract for a child five months old, and repeated in two hours if necessary. Two doses were given. To a boy, aged 11 months, he gave three minims of a solution of this kind: One grain of the extract of the bean, rubbed up with thirty minims each of glycerine and water. Dr. McLaurin, of Edinburg, cured a "remarkable case of tonic convulsions, which persisted for many months, the fits recurring several times a day." Ev-

ery remedy was tried in vain, and the patient was getting continually worse. He now used physostigma. The dose was gradually increased, until four grains of the bean was taken four times a day. "It reduced the pulse to 58, and excited gastric uneasiness." The pupil was unaffected. The intervals between the paroxysm became longer, and at the end of six weeks ended altogether. The same gentleman reports a case, in the London *Lancet*, of a little girl four and a half years old, who had convulsions several times a day for nine months. Not a single attack occurred after the first dose of the medicine.—*Richmond Med. Monthly*.

Why should physostigma not be more extensively tried for various convulsive diseases? Might not a trial of it be made in puerperal eclampsia, and in epilepsy?

CASE OF EPILEPSY ONLY DURING PREGNANCY.—Dr. Gatewood has attended a negro woman in twelve confinements, who is afflicted with epileptic fits during each pregnancy. They begin when she is about a month advanced, and generally last about ten days at a time, and then cease for about twenty days, but only to recur and last ten days longer,

and so on during the whole period of gestation.

**EPILEPTIFORM NEURALGIA.**—In the Mobile Medical Society was reported a case, under the care of Dr. Cochran, of a lady, fifty years of age, affected with epileptiform neuralgia. All the anti-neuralgic remedies had been used, as well as quinine, nux vomica, electricity (faradic current), bromide of potassium, and hydrate of chloral. The continuous current, cod-liver oil, and phosphorus, in the hands of another physician, relieved her for a time. It was only for a time, however, when she was again worse. Dr. Cochran determined to try Trousseau's plan. This consists in "commencing with moderate doses of opium, and gradually increasing the amount given until the desired effect is accomplished." Twenty drops of chlorodine were ordered morning and evening. She improved rapidly. He continued the drug in gradually decreasing doses for a time. She continues well, and shows no sign of a relapse. Just how long a period of freedom from the disease the Doctor does not state.

**SOFTENING OF THE BRAIN.**—Dr. W. W. Parker, before the Richmond Academy of Medicine, stated "that this condition often exists for long periods without being suspected." He knew of a man whose mental faculties were unimpaired twenty-four hours before death, yet post-mortem examination showed it to be very soft. He also had a similar experience in a child, "in whom the condition was not suspected until shortly before death. Dr. L. B. Edwards calls softening a necrosis, and thinks it sometimes the result of a primary breaking down of brain cells, not always due to occluded vessels. He believes "nerve cells have an inherent instability not solely dependent on the immediate blood supply. He thinks phosphorus and strychnia, in combination, are the best tonic agents. He also endeavors to keep the "necrosis" from "extending beyond the original locality" by efforts to establish collateral circulation, so that

the parts beyond need not suffer for lack of nourishment: I suppose this has reference to the common cases in which there is occlusion of some vessel. The Doctor advised the judicious use of nitrite of amyl, long continued, and three or four times a day, to meet the above indication.

**GELSEMINUM SEMPERVIRENS IN FACIAL NEURALGIA.**—Dr. Spencer Thomson sums up his experience with this drug, and finds it of most value in neuralgic affections of the superior and inferior maxillary nerves, especially the latter, and more particularly when the pain is referred to the teeth or alveoli. In almost every instance, speedy and thorough relief was given.

At the Nervous Infirmary, in this city, some trial has been given this drug, but not sufficiently to arrive at any perfectly safe conclusions. So far, however, it seems to be of more value in acute than chronic facial neuralgia. It has failed more than once. At the same time, Dr. Mitchell considers it rather a tricky drug. This same medicine was tried for chorea, but in the majority of cases the results were not favorable.

## MATERNAL IMPRESSIONS.

BY GEO. A. DYER, M.D., WASHINGTON, IND.

Last December, I read, in the *Detroit Review of Medicine and Pharmacy*, the very interesting address of Dr. Waddell, delivered before the Toledo (O.) Medical Association, on the above subject. Many persons believe that, at a certain stage of gestation, impressions made on the mother have power over the foetus in utero to change its conformation, and cause deformity of some character. From time immemorial, this opinion has obtained among observant women, and cases have presented themselves to physicians in such shapes, and with such explanations, that one can scarcely doubt the fact.

To myself have happened several such cases. So far as deformities are

concerned, it is a well known fact that many are hereditary. I knew a colored woman who had a well formed fifth finger (the little finger) on one hand; her mother had the same mark, and she herself was delivered of two children who had the same. Not long ago I attended a lady whose child had an abortive extra little finger about a half inch long, hanging by a thread-like pedicle, fully an inch and a half long, which latter I ligated close to the finger with a very fine silken cord, and it fell off in a few days. The mother told me that her husband was born with the same kind of finger, and it was removed in infancy by the same method.

These deformities or marks often happen, and therefore do not seem strange. But as to impressions, why should a child be born of a woman with a perfect arm but an abortive fore-arm, and she herself should say that she had seen a man, in early gestation with this child, who had the same deformity, and she believes that the sympathy she felt for the stranger, and the impression of his deformity, caused her child to be afflicted with the same mark?

Several years ago, Barnum's show came to this place, and with the show were the idiots known as the "wild Australian children." A Mrs. S., a well developed and pretty young woman, lately married, found herself pregnant, who, though advised by her lady friends not to go to the show, still had such a powerful temptation and desire to go, that she could not and did not resist. She went. She was seen to be horror-stricken at the appearance of these wild children, and rivited, as it were, to the place. Some five or six months after, I was called to accouch her. She had a tedious labor, but in a few hours was delivered of the strangest being I ever saw. The frontal, parietal and occipital bones, and the lateral and spinous processes of the vertebræ, were all wanting. There was no appearance of brain or spinal cord, but a bloody membrane covering the floor of the brain and the sulci of the vertebræ, their whole length,

and the child resembled the Australian children in this, that from the supra-orbital ridge there was no calvaria whatever; and yet the child was well grown and well developed otherwise, a boy, and animal life was present not long before it was expelled. It weighed some six pounds. This is yet in Washington, Ind., in alcohol.

Again, in December, 1875, I accouched a Mrs. S., multipara. She had a tedious labor, and when the waters broke, the infant fluttered in the womb like a fish out of water, but it died there, and was still-born. When born, I discovered it was deformed. The mother suspected all was not right, and asked if it was not deformed, and when told it was, said she could easily account for its appearance. Early in gestation, after the middle of the night, she was awake; the door was open, and a person like a woman with a deformed head walked in at the door, whom, when she saw, she screamed and sat up in her bed, terrified with fright. Her husband saw nothing; he however closed the door. She slept no more that morning. Now, the infant's head (which she examined) was set so close to the body that it appeared to have no neck, a flattened calvaria, ears like a dog, and its mouth was like a hog's snout. She insisted that it had the same appearance of the figure she saw, and she also believed that the deformity was from the impression made upon her in the early stage of gestation. Well for the child to have been still-born.

Other cases of this kind have been told to me by physicians and mid-wives here.

These both seem to be well-marked cases of arrest of development and consequent deformity. Did they so occur from impressions made on the mother? is the grave question.

[There is manifestly, of late years, a growing tendency on the part of medical men to give credence to the prevailing sentiment of the people on this subject of maternal impression. Certainly very strong coincidences occur. The subject is important and worthy of investigation. ED]

## SUPRA-PUBIC LITHOTOMY.

BY C. W. DULLES, M. D.

With report of a successful case, by E. F. Starr, M.D., of Nacoochee, Ga.

Nearly two years ago there appeared an article upon this subject in the *American Journal of the Medical Sciences* (July, 1875, p. 39), in which an attempt was made to set the merits of the operation in a somewhat better light than they have heretofore enjoyed. Following this, I have had the pleasure of receiving a number of letters, some narrating hitherto unreported cases, and others indicating that certain of the views then expressed met the approval of those who read them. Among these letters was one from Dr. E. F. Starr, of Nacoochee, Ga., who wrote that he had a patient upon whom he must operate, asked for further elucidation of some of the statements in the article alluded to, and subsequently performed the supra-pubic operation with perfect success, and sent me a full report of his case.

The report, with his consent, I now present, almost in his own words, and wish to take the opportunity to add a few remarks to what has been already published in regard to the method of operating.

**CASE.** Mr. —, æt. 35, a large athletic man, had been an invalid for the last two or three years, but thought he had felt symptoms of stone for twelve years; for two or three years had been subject to occasional attacks of cystitis, setting in with shivering and resulting in pyrexia and difficult micturition, which caused him a great deal of suffering; under judicious treatment, he had for the last two or three months escaped these paroxysms and improved in general health, so that at the time of the operation he weighed two hundred pounds.

On the 6th of May, 1876, with the patient under the influence of chloroform, I proceeded to perform supra-pubic lithotomy. The patient was laid upon his back on a low couch, with his

feet hanging down and resting on the lower round of a chair, while I sat by his right side and made the first incision from above downward. As I expected the abdominal parietes to be thick, I made my cut about four inches in length.

Some small arterial branches spouted a little blood, which was carefully sponged away, and, before entering the pelvic cavity further time was given for the general oozing to cease. After this, using the finger as a guide, and carefully slitting the tissues as I proceeded, the bladder wall was reached, the peritoneum being entirely avoided.

The feet were then elevated to the top of the couch, a sound introduced through the urethra, and the bladder raised up between the lips of the incision. The amount of fatty tissue enveloping the viscus made it somewhat difficult to denude; but, as the peritoneum had been avoided, this was not deemed indispensable, and when fairly cleared it was seized with a tenaculum, punctured just below with a sharp-pointed bistoury, and then incised to a sufficient extent with a Blizzard's knife upon a grooved director.

The bladder had been ordered to be emptied before the administration of the anæsthetic, but the kidneys being in a very active state from the previous free use of diuretic and demulcent drinks, and the time required to produce anæsthesia having been considerable, in addition to that consumed in making the incisions, some urine was found to have accumulated, and a part of it escaped through the external wound. But as this was pretty well filled by the bladder as it was held up, the urine passed freely out.

The finger was then introduced and the stone brought out upon its palmar surface. It was smooth, of a flat oval shape, and weighed one ounce and one drachm.

The thickness of the abdominal walls made the wound appear formidable, and its closure promise difficulty. This, however, was not so great as was anticipated.

At this point of the operation I departed from the plan proposed in the article on Supra-pubic Lithotomy, in the *Am. Journal of Med. Sciences* for July, 1875; and instead of closing the bladder alone by the Lembert suture, I *closed both the bladder and the parietes of the abdomen at once* by that suture. That is to say, I passed a silver suture down through the wall of the abdomen into the cavity of the bladder, included a part of this and brought the wire back through the bladder and abdominal wall on the same side; then I carried it across the incision, passed it down through the abdominal wall and bladder on this side, included a segment here, and brought it out as before and just opposite where it had first entered the tissues. Now, when the ends of the suture were drawn upon, the sides of the wound were approximated, but the edges of the incision in the bladder were inverted and their outer surfaces brought into contact while the mucous surfaces were turned inward, thus promoting union.

The effect of this suture in common is to prevent infiltration of urine by keeping the bladder in close contact with the abdominal wall, while it also tends to secure general union by first intention and thereby speedy recovery.

Of course one case is not sufficient to establish a rule, but the practical working of this one tended to confirm me in my belief that the supra-pubic operation, performed in this way, with the necessary after care, may be more speedily recovered from, with less attending danger, than the perineal. I am anxious for an opportunity to put this new feature to a thorough test. I may mention, in this connection, that I prefer to have the bladder empty, and raise it with the sound, so that when the incision is made in it the urine shall not flow out into the wound, though it would do little harm if it does not infiltrate, or get between the bladder and abdominal wall. In another case I should make the first incision from below upwards, because in this way the regional anatomy can be best

observed and appreciated, and the cavity more readily entered near the pubes and the peritoneum avoided.

An hour after the conclusion of the operation, the patient being in bed, I introduced an English catheter into the bladder, as I thought, but no urine flowed. Leaving him for a while, I was sent for in an hour or two with the announcement that he wished to pass water. I introduced the flexible catheter again, but no urine came, and when I withdrew the instrument he remarked that he thought he could pass it himself, and allowed it to flow, lying upon his side. While he was doing this there seemed to be a spasmodic action of the parts concerned in its expulsion, and there was a gush of urine from the wound. Being already sick from the effects of the chloroform, he now became faint, and looked quite ghastly for a little while. So I removed the strips of plaster and a superficial suture from the lower end of the wound to allow a free exit. I then instituted drainage by filling a small French catheter with water, passing it through the urethra into the bladder, and turning its end down into a cup placed between his legs. This was late in the afternoon. He had a somewhat restless night, and on the following day some fever, which was easily controlled with veratrum.

Late in the afternoon of the second day, being apprehensive of burrowing of urine between the bladder and pubes—although there was no local symptoms of it—I was induced to remove another suture—the lower deep one. Down to this point adhesion was taking place very nicely, and, had all the sutures been allowed to remain, I think the whole wound would have united as favourably as could have been wished. As it was, there was some gaping at the lower end from the severing of the adhesions that had taken place, which retarded recovery. At the expiration of ten days the catheter was finally removed, and he got on his feet and passed his urine per urethram. At this time all the remaining sutures were removed except one,

which was left in until the sixteenth day, when it was taken away, and the patient discharged cured.

During the whole time there was no inflammation, nor swelling, nor indication of burrowing, or abscess about the wound, and it seems to me clear that this method of closing the wound is far preferable, both in point of time and safety, to that of leaving either one or both wounds open.—*Amer. Jour. Med. Sciences.*

### HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE, AND MENORRHAGIA; AND ALSO IN DYSMENORRHEA.

BY W. A. GORDON, M. D., HANNIBAL, MO.

I have not seen *Hydrastis Canadensis* prominently spoken of in the leading text-books, as a reliable agent in hemorrhage, from any of the mucous surfaces, or in any respect worthy of especial notice, further than as a good bitter tonic; and recommended in a general way as possessing merit in chronic diseases of the mucous membranes.

During the past ten years, I have made quite extensive use of hydrastis prepared in the form of tincture from the fresh root, with such positive and satisfactory results in uterine hemorrhage, that I now seldom resort to any other remedy.

The tincture I use is prepared after the following formula:

R. Rad. hydras. can. (fresh) - ozii.  
Aq. dest. - - - Oj.

Maintain at a temperature of 120° F., for 24 hours; then add spts. rec. Oj.—remove from the bath—and in three days it is ready for use. In those urgent cases where I formerly resorted to half-drachm and drachm doses of the fluid extract of ergot every twenty or thirty minutes, I now use the tincture of hydrastis in doses of from twenty to thirty drops, repeated the same as ergot, until the active hemorrhage is controlled. The remedy is then continued in small

doses—say two to five drops—every two to four hours, according to the urgency of the symptoms. In cases of marked prostration from loss of blood, I combine with the hydrastis the tincture cinchonæ flavæ, in small doses, say from five to eight drops, which combination seems to produce a quiet and gradual contractility of both muscular fibres and capillary vessels of the womb; and effects a more natural and comfortable reaction from the extreme prostration attending this class of cases, together with an entire absence of cerebral and gastric disturbances which are so frequently concomitant symptoms following the administration of large doses of ergot.

In *menorrhagia*, I have found it to give decided and prompt relief. In this class of cases, I am in the habit of giving from two to five drops of the above tincture of hydrastis in a teaspoonful of water every two or three hours, or oftener, and in larger doses if the urgency of the symptoms demands it. After the flow is brought to its normal quality, the minimum dose is continued twice a day until the next period of menstruation, when, if the excessive discharge recurs, resort again to longer and more frequent doses, until it is brought under control.

In *dysmenorrhea*, caused by chronic endo-metritis, the tincture of hydrastin with bromine has given me very satisfactory results.

In the use of bromine as an internal therapeutical agent, I have observed persons of a nervous temperament are highly susceptible to its influence. I would here incidentally remark, that during our late war, I had occasion to use it quite extensively in the military hospitals of the Department of Kentucky, under the direction of Dr. M. Goldsmith, late surgeon U. S. A., and my observations there were such that in the majority of cases treated with bromine—which were hospital gangrene and erysipelas—the doses recommended and administered internally were not attended with as good results as much smaller doses, frequently repeated. See



U. S. Dispensatory for preparation and dose.

In some cases, classified under the head *neuroses*, and especially those arising from diseased conditions of the procreative system, I have known one-twentieth the dose directed by the U. S. Dispensatory produce violent headache, ranging from the frontal sinus along the track of the longitudinal sinus down to the base of the brain, with a marked increase of pulse in volume and frequency. In one instance the pulse was increased fifteen beats per minute, which lasted about two hours before it began to decrease, and did not resume its normal beat until the expiration of seven hours, from the time the dose was administered. This case was a nervous female afflicted with endo-metritis.

In these nervous susceptible cases, I have met with some that could not tolerate over ten drops of the following solution, four times a day, without stimulation and headache :

R. Bromini, gt. j.

Aq. dest. Oj. M.

If a much larger dose than the above is continued for several weeks it will almost positively produce *membranous dysmenorrhea*.

The formula I am now using in several cases of endo-metritis, is to take equal parts of the above aqueous solution of bromine and tincture hydrastis, and give fifteen to twenty drops of the mixture three times a day, and if restless at night, give a dose at bed-time.

My reasons for being somewhat explicit on the internal administration of bromine, is from the fact that its potency has so limited its use, that comparatively few members of the profession have ever given it a trial.

But if given in small doses, such as suggested above, or even smaller, I am satisfied that it is a remedy of more than ordinary merit as an alterative and stimulant to the procreative system, and at no distant day will be found to possess great value as a remedy for increasing cell action in the nerve centres controlling the sexual system of man.

## EPITHELIAL CANCER OF THE LIPS AND FACE.

Professor Busch, of Bonn, in a communication to the Congress of German Surgeons, began by stating the theory of Thiersch, according to which this form of cancer originates in a disturbance of the equilibrium between the epidermis and the connective tissue. Cancer of the scrotum and of the breast would also come under this head. The majority of such cancers occur in the face and lips. The disease originates in an induration, which grows from the surface inwards, often no notice being taken of it at the commencement. It looks at first quite harmless, and is, especially on the lips, scarcely visible when it commences. Chronic cases begin with the growth of a horny substance on the skin. When this is removed, a bleeding surface is found. After removing this with the blade of a knife, a number of roots are seen penetrating into the skin. Still deeper, small scales of epidermis are discovered pierced by the epithelium roots, which penetrate deeper and deeper into the tissues. This progress is mostly observed on the skin of the aged, and the origin of the disease is very often proven to be of an external, perhaps of a chemical nature. Whether the presence of such a layer of horny substance is alone sufficient to produce cancer, is a question not yet settled. After removing this horny substance by softening it with a solution of soda, and then keeping the place well moistened and clean with the same fluid, the slight excavation will be seen to disappear, and even the epidermis will grow again. Professor Volkman some time ago pointed out the favorable influence of cleanliness in similar affections.

Professor Busch removes at first the horny substance, and, after the extirpation of the cancer, directs that the spot and its surroundings should be well washed with the solution of soda. He lays great stress upon this, for, on operating on even the worst cases of this

form of cancer, one can scarcely tell which are the sound and which are the diseased portions. A patient, who had been cured of rodent ulcer, discontinued these washings after a year. But a few months later the scab reappeared, and under it the swollen surface. Another case is still more instructive. After extirpation of a cancer, the washings were soon neglected. Immediately afterwards a new scab formed on the lip. Washing was commenced again, and again discontinued. Finally, a new extirpation became necessary. Washing of the lips with the alkaline lotion is efficacious only at the beginning of a case; it has been observed to be of the greatest service in cases of rodent ulcer of the face. There can be no doubt that the moist morphœa and many other diseases of the skin are to be considered as the beginnings of epithelioma. Of special importance in this class of cases is the cancer in the breasts of elderly women. Deposits of horny substance are very often observed, and beneath them enlarged milk-vessels; and it is extremely likely that cancer of the mamma very often takes its origin from these deposits.

Where there is hereditary predisposition, Professor Busch recommends extirpation of such deposits, which are often apt to cause injurious pressure. He has observed the development of cancer out of simply a horny deposit. The disease begins with the obstruction of the milk-vessels by epithelial masses, and its progress is to be arrested by preventing these obstructions from taking place. Professor Busch mentioned a case in which thick layers of the epidermis covered the nipple. After dissolving them with a solution of soda, he succeeded, by using slight pressure, in removing from the openings of the milk-canals diminutive white plugs, consisting of epithelium in a state of fatty degeneration. This treatment was continued for three months, and during this time an induration that had some time previously been discovered in the breast also disappeared.

Such success, however, is to be ex-

pected only in recent cases. Professor Busch's communication concluded with the following propositions: 1. The beginning of a destructive epithelial cancer is in many cases a simple epithelial deposit on the surface. 2. The disease in this state is to be cured by continued local treatment (washing with the soda solution). 3. This treatment may also be successful in some favorable cases of carcinoma of the skin of the face, even where ulcers already exist. 4. In many cases recurrence after extirpation may be prevented by washing the scar and its surroundings with alkaline lotion. 5. A very desirable precaution is the removal of the layers of epithelium that are sometimes to be found on the breasts of elderly females.—*Med. Examiner*, April 26, 1877.

#### BELLADONNA IN DYSENTERY.

BY Q. C. SMITH, M.D., CLOVERDALE, CAL.

Deeming it unnecessary for us to speak at length of the manifold remedial virtues that have been, and are, attributed to belladonna, or to mention the numerous painful maladies which its proper administration will more or less relieve, we will endeavor to give, in a concise manner, the results of several years of our experience in its use in the treatment of dysentery.

Believing it is rarely used in the treatment of dysentery, and believing it to be the most potent agent within our reach for relieving this painful disease, we would earnestly call the attention of physicians to this special application of this valuable medicine. We have no stereotype formula by which we prescribe belladonna in dysentery, but combine it, or accompany its use, with such other remedies as may be indicated in any given case. One of our favorite combinations of it is as follows:

R. Fl. ext. belladonnæ, dr. j.  
Elix. calisayæ,..... oz. iss.  
Syr. Ipecac.,..... oz. ss.

M. Ft. Sol. S.—Half to one teaspoonful every one, two, or three hours,

until griping pains are relieved; using at the same time, externally, a liniment made thus:

R. Fl. ext. aconite,  
Chloroform,.....aa oz. ss.  
Hoffman's anodyne,  
Glycerine, .....aa cz. j.

M. Ft. Sol. S.—Moisten a thin cloth with the liniment and spread it over every part of the painful region; cover it *closely* with thick paper, allowing it to remain until the skin is almost blistered.

In most cases of dysentery, we commence treatment by giving small and oft-repeated doses of sulphate of magnesia, until the bowels move freely; and if the pains are severe, give the belladonna mixture, and use the liniment at the same time. After the power of the disease has been broken, should the patient be much debilitated, we frequently prescribe the following tonic mixture:

R. Elix. calisayæ,  
Elix. valerinate ammoniæ, oz. j.  
Tinct. nucis vomicæ, ..... dr. ij.

M. Ft. Sol. S.—Half tablespoonful three or four times a day.

By way of assurance to those who are not much in the habit of using belladonna, we would say, we have never seen any permanent injury result from the slight delirium, which is more alarming than dangerous, that is often caused by its use. And its full remedial effect, in some cases, is not manifest until slight delirium or disturbance of vision is produced. A temporary cessation of the use of belladonna, for a few hours, and a moderate use of alcoholic stimulants, will relieve the delirium, after which the disease—dysentery—rarely gives much trouble.

We have treated acute dysentery according to the direction of several of the classical authorities, but the plan we have briefly outlined has been more satisfactory than any other with which we are acquainted.—*Nashville Jour. of Med. and Surg.*

## THERAPEUTIC VALUE OF HYDRATE OF CHLORAL IN CERTAIN FORMS OF CONVULSIVE DISORDER.

BY DR. CHARLES A. RAYNE.

In the number of the *Lancet* for March 13th, 1875, I reported a case of convulsions in a child under the care of Dr. Acland, at the Radcliffe Infirmary, Oxford, which readily yielded to treatment by hydrate of chloral after failure of the usual remedies, and in which the cure, so far as could be afterwards discovered, was complete and permanent.

The case presented the following distinctive features: The patient, a boy aged five, was of lively and intelligent disposition, and of good general health. The attacks followed, and were attributed to a blow upon the head, though it was discovered that entozoa were present in the intestine, the removal of which, however, failed to have more than an incomplete and temporary effect in the cure of the disorder. The convulsions were very frequent, often numbering twenty to thirty in twenty-four hours, but short in duration, and singularly abrupt and sudden, both in onset and termination. They occurred both night and day, and were attended with absolute loss of consciousness, and with muscular phenomena which corresponded very closely with such as were artificially obtained by Professor Ferrier on stimulation of certain frontal and parietal convolutions of some of the lower animals.

I have recently had under my care, at the Manchester General Hospital for Children, a case which presents many features in common with the above, and which also yielded to hydrate of chloral treatment after the failure of other remedies.

J. A., a girl aged nine, was admitted on May 23d, with convulsive attacks. These commenced a year ago, without known cause, and occurred then to the number of three or four in the day. They disappeared under medical treatment in the course of three months, but

reappeared about six months ago with much increased frequency, and though she has since this time been under the care in succession of several medical men in the town, there has been no improvement. Her mother was subject to "fits" three years ago, in which she fell down and lost her consciousness, these occurring two or three times in the day, but disappearing at the end of four months. The rest of the family, which is a large one, are healthy.

The patient is a healthy-looking, well-nourished girl, quick and intelligent in her general appearance, and in her answers to inquiries. There is no affection of the heart or kidneys discoverable, nor reason to suspect the presence of entozoa, or other sources of internal irritation. The attacks number about fifteen in the twenty-four hours, and occur both night and day, at pretty regular intervals of one to two hours. Several were carefully watched. There is not the slightest aura of any description, the fit coming on at once without any warning in the middle of any occupation she may be engaged in. The onset is so sudden that it is impossible to decide what group of muscles is first affected. The attack is limited chiefly to the upper part of the body, and is not unilateral. The head is drawn down, and both sterno mastoids are rigid. Both arms become rigid in semi extension, and are seized with a tremulous motion. The facial muscles are unaffected, so far as can be seen; the eye-balls are motionless and straight, the pupils being somewhat dilated and conjunctivæ insensible. A groaning kind of noise is made during the time the fit lasts (about one minute), respiration being labored and rapid, and apparently taking place through a contracted glottis. Recovery is rapid and complete, there being no after drowsiness, headache, or intellectual confusion. From examination during the attack, as well as a careful questioning of the patient, it appears that consciousness is entirely suspended during the attack.

Patient was at first kept quietly in

bed without medicine, with the view of testing the effect of a regulated condition of living. There being no improvement, on the 26th bromide of potassium, in five-grain doses, thrice daily, was ordered; on the 29th, ten-grain doses of the medicine, thrice daily, were given, and on the 30th one drachm at a single dose. This treatment had not the slightest effect of any kind; the attacks remained the same in character and duration, and still numbered about fifteen in the twenty-four hours. Tincture of belladonna was then given in five minim doses every six hours, and was increased on June 1st to eight minims. The fits now numbered from fourteen to eighteen in twenty-four hours, and were unaltered in character and duration.

June 3. Patient took eight grains of chloral hydrate at 5 P. M., and had no fits during the next seven hours (about the length of time in myself of a sleep produced by the drug, and which perhaps is connected with its period of elimination from the body). There was no sleepiness after the chloral. From midnight to 10 A. M. there were seven fits. Always sleeps well at night.

5th. There has been no further dose of chloral given, and the patient has had in the last twenty-four hours twenty-three fits, which brings up the average for the two days to fifteen again. Ordered five grains of the chloral twice daily, at 10 A. M. and 4 P. M.

8th. Has had five fits each day, and these occurred always during the night hours, from 11 P. M. to 5 A. M., except on the 7th, when there was a fit in the day time, evidently due to disturbance caused by a small dose (one drachm) of castor oil, for it occurred half an hour afterwards, and on this day the fits numbered seven in the day. Ordered five grains every six hours, commencing at 10 A. M.

12th. Has had from three to four fits each day, all occurring in the early morning hours, from 1 to 6 A. M. The night doses at 10 P. M. and 4 A. M., ordered to be increased to ten grains. Al

ways sleeps well at night, notwithstanding the fits.

21st. Up to the 16th patient had one to two fits each night, but since this time there have been none. Ordered five grains of chloral at 10 P.M. and 4 A.M.; none during the day.

25th. There has been no fit; ordered to stop the chloral altogether.

July 10th. There has been no return of the fits since June 16th, and patient is discharged apparently in every way healthy.—*Lancet*.

## Abstracts and Gleanings.

### DENTAL IRRITATION—*Bromide Potass.*

*For.*—Charles W. Oleson, M. D., in a paper read before the Columbus Academy of Medicine, says: While many dispute the assertion that the irritation of the gums during dentition is at all liable to cause any disturbance of the general nutrition, or any sympathetic abnormal action of the alimentary canal, another class, with equal opportunities for observation, as confidently assert their opinion to the contrary. During the summer months cases are frequently seen in which attention having been previously given to the proper alimentation and thermometrical protection of the child, the vomiting, diarrhoea, and nervous disturbance still continue.

How can we account for this upon any other hypothesis, especially when we find the gums tense and livid, and suitable attention to them is rapidly followed by relief of the trouble. Instead of being a purely natural process, devoid of any injurious tendency, I believe it to be a prime factor in the genesis of these summer complaints.

To relieve this tendency, I have employed, with constantly increasing satisfaction during the last seven years, a treatment recommended by Dr. Caro in a paper read before the New York County Medical Society. While this treatment may be familiar to all, yet so important is it that I will read what he says upon this point, for if there is one of my hear-

ers to-night to whom it is not known, the time will be well spent:

"In the most severe cases of odontitis, either with or without ulcerated gums and loosened bowels, I have never failed to relieve the child by the local application of brom. potass. Almost immediately after the first rubbing on the gums, from being turgid, swollen and red, they assume their natural color, and a certain amount of ease is felt. Saliva commences to dribble, and, as if by enchantment, agitation, carpo-pedal involuntary motion, vomiting, and looseness of the bowels disappear. As the vomiting and diarrhoea in this case are not the consequence of gastro-enteritis, but of an excitement of the stomach and intestinal mucous membrane, owing to the inflamed condition of the gums, I suppose it will never be cured either by the scarification of the gums, or by astringents or anodynes, as well as by brom. potass."

While I find this most satisfactory, I cannot agree with Dr. Caro as to the rapidity of the relief, and so in cases where there is no time to lose, I draw my gum lancet over the gum, cutting down to the tooth, and then give the bromide as supplementary treatment.

I have rapidly glanced at the agents most active in causing the departure from health in these serious and common complaints, and have directed attention to the measures applicable to their relief. Besides these measures I have resorted to medication but rarely, except in the case of one drug, the potass. bromide. This drug seems particularly adapted to the hyperæsthetic condition in children, and decidedly so when there is a tendency to irritation of the mucous membrane with increased secretion.

Different writers, commenting upon the bromide, give its action as follows:

Laborde says: "It exercises a predominant, and, to a certain degree, an elective, action on the nervous system, and especially upon the phenomena of reflex action."

Clark and Amory say: "It is a vascular and nervous sedative." "Its primary effect in passing out of the system

is to diminish all the secretions save the urine."

Bell, United States Army, says: "It is an anæsthetic to the nerves of the mucous membrane, and a depressor of their action."

Bartholow recognizes "diminution of sensibility of mucous membrane, which he considers is in part due to a local action of the salt in beng eliminated."

So great has been my confidence in it as appropriate treatment to the conditions present in the outset of these diseases, that I administer it on their appearance from whatever cause, even going so far as to recommend my patrons to have a solution on hand, and upon the appearance of restlessness in the child order this sedative to be used. This is a solution of the bromide in syrup and water, so compounded that each teaspoonful represents one grain of the salt, the dose necessarily depending upon the age and susceptibility of the child.

As an adjunct to proper alimentation, protection from the effects of great heat, and supervision of the process of dentition, it acts as well as we can expect any one drug in any one condition.

**TUBERCULOSIS—TRANSMISSIBLE.**—A. N. Bell, M.D., in *Sanitarian*, says: "That tuberculosis is transmissible, is a fact well determined in late years by direct experiments; and this has, besides its scientific significance, a practical importance of such weight, that every contribution to the explanation of this, in many respects, obscure subject, is certainly most desirable. And of this class are the experiments in this veterinary school in relation to the transmissibility of tuberculosis."

Fleming, in his recent masterly work on Veterinary Sanitary Science, besides noticing the experiments of Professors Gerlach and Leisering, in the Veterinary Schools of Berlin and Dresden, mentions several other veterinarians who are similarly engaged, and nearly all show conclusive evidence of the infectiousness of tuberculosis by the digestive organs. Villemin, Klebs, and others have also

successfully produced tuberculosis in rabbits, guinea-pigs and other animals, by inoculation with tuberculous matter, and in like manner demonstrated its contagiousness. Chauveau and Saint-Cyr, of the Veterinary School of Lyons, have done the same thing in calves and heifers. Harms and Gunther, of the Hanover Veterinary School, and Bagg, of the Copenhagen School, by feeding animals with the flesh and lungs of a tuberculous pig and a phthisical cow; Zurn, of Jena, in pigs, by first feeding them with the milk, and subsequently with the flesh of a phthisical cow. Viseur, of Arras, has been equally successful with cats. One of these animals, after death, was found to have all the lymphatic glands enormously enlarged, the mesenteric glands increased in size, and the lungs studded with white, hard tubercles. These cats ate the tuberculous matter voluntarily.

**HYPODERMIC INJECTIONS OF MORPHINE IN THE REDUCTION OF INGUINAL HERNIAS.**—Dr. Philippe, of Saint-Mande, recommends the use of hypodermic injections of morphine in recent cases of strangulated inguinal hernia, and reports three cases in which he administered them with excellent results. Taxis had been previously tried in vain, but after the injection of from one-third to one-half grain of morphine, it was resumed and proved entirely successful. One of the patients was an old man, ninety years of age, who was afflicted with a voluminous, irreducible inguinal hernia on the right side. During a paroxysm of coughing, a fresh loop of intestine was forced into the sac. The injections of morphia, however, can only prove serviceable at an early period after the descent of the intestine; at a later period they are far less valuable than anæsthetics, which not only relax spasm, but, if necessary, permit of an immediate resort to operation.—*Le Mouvement Medical*.

**NOCTURNAL CRAMP.**—A member writes: "I am very glad to find that J. E. C., M.D., has found some benefit from Howard's bicarbonate of soda. He has

lain many nights studying cramp in his own person. It proceeds, he says, from excessive acidity, not only of the stomach, but of the whole bowel tract; and when it seems to have reached its height the extensor tendons have nearly dislocated the great toe. Then it is that relief is at once obtained by taking half a drachm to two drachms of the soda. Before he found this remedy useful, many things had been tried. In less than thirty seconds the cramp disappears, leaving a soreness that soon passes away. It has been prescribed by him in numerous cases, and the result has been always satisfactory.—*Brit. Med. Jour.*

**PROLAPSUS RECTI.**—This is a rare condition among children. It is of varying grades, as of part of the mucous membrane, or the whole of the rectum up to the sigmoid flexure. The latter is usually after the former has been allowed to pass unnoticed for a long time. In most cases, however, we find only a partial prolapse occurring after constipation. Catarrh of the large intestine may be a cause of prolapse, by the frequent stools and the tenesmus occurring coincidentally with the wasting of the muscular part of the intestine. In rachitic children with such a catarrh, it not infrequently occurs disappears for awhile, and reappears with the exacerbation of the catarrh. Such cases are best treated by treating the intestinal catarrh, and by irrigation of the intestine with water, beginning with a temperature of 24° to 22° (C.), and descending to that of fresh spring water.

In chronic cases, astringent irrigation with solutions of alum and tannin should be used.

Such are also benefitted by local treatment with cauterants. The prolapsed bowel may be lightly touched with nitrate of silver in substance, making a circle round it and radiating lines along the axis of the intestine; after this it should be replaced and confined with a suitable bandage. This should be renewed every three days for three or four weeks. If such proceedings do not ef-

fect a cure, one should use the hot iron, especially when the prolapse has lasted long and the sphincter ani is paralyzed. The irons used should be small, and applied at the line where the mucous membrane covers the common sphincter. Strychnia and nux vomica by hypodermic injection, or suppository, he does not think of much value.

The replacement of a prolapsed rectum requires care. If a child is alarmed and screams and strains, it is best to anesthetize him first. One must not maltreat the intestine with futile manipulations. When the intestine is replaced, it should be secured with a retainer of some sort. Dr. Monti uses, and thinks better than any of the more complicated appliances, a series of strips of adhesive plaster, which cross over the mons veneris and anus, constituting a sort of artificial sphincter. Through the part opposite the anus he cuts a hole, through which the stools pass quite well, and yet the application prevents the protrusion of the rectum.—*Phil. Med. Times.*, Aug. 4, 1877.

**GUARANA IN MIGRAINE.**—A correspondent writes to the *British Medical Journal*: Having used guarana in a great many cases, I have come to the following conclusions:

1. True migraine, characterized by acute frontal pain, commencing on one side, occasionally both, or going from one side to the other, usually lasting from twenty-four to forty-eight hours, with or without sickness, and relieved or cured by sleep, whether caused by errors in diet or not, will almost invariably yield to it.

2. In young persons, in whom the habit is only commencing, not only does it cure each individual attack, but, by persevering, the habit itself is broken.

3. One cause of failure is the smallness of the dose, so that, in many cases in which it has been tried before and failed, an increase of the dose has been followed by cure. Twenty-five grains of the powder is my usual dose for an adult female, half a drachm for a man; less,

of course, for younger cases, repeating in one or two hours, if necessary.—*Lonis. Med. News.*

TONG PANG CHONG.—Dr. Murray, in *British Med. Jour.*, says of this Chinese remedy :

I have submitted some of the root, through the kindness of my friend Dr. Hooker, to Mr. Jackson, the curator of the Kew Museum, who pronounces it to be "the produce of a Berberideous plant, and nearly identical with *Akebia quinata* (Decaisne)." Mr. John Thomson of King's College has extracted from the tincture a crystalline substance, which may prove to be allied to chrysophanic acid, and so account for its action.

I shall not pretend to enter into any explanation of the *rationale* of its curative power, but limit myself to the statement that I have used it in hundreds of cases, often with almost magical effect, and that it is now much employed in the East. It is necessary, however, to discriminate in selecting the cases in which to test its value. I have found it most useful in *tinea circinata*, where the circular margin of the disease is maintained; and perhaps it is even more successfully used in that very troublesome form of eczema (*tinea* ?), which attacks the inside of the thighs and perineum, and the parts around the anus, which I have known to resist every description of treatment, internal and external, even in the most experienced hands; and I may add that both in this and other forms of disease, I have found it succeed where the Goa powder had completely failed.

It is used in the form of a tincture prepared by macerating the root in the impure native spirit called *arrack*. May be prepared with alcohol as well.

The method of application which I follow isto paint the part over by means of a camel's-hair pencil three times, allowing it to dry between each coat, and this is done every night at bedtime, until the part resumes its natural appearance.

*Some Remarks on the Introduction of the Whole Hand into the Rectum*, is the title of a valuable paper by Mr. W. J. Walsham. The author makes the following remarks, deduced from the examination of four cases on the living body and twelve experiments on dead bodies :

1. "That the hand, if small, can be introduced into the rectum of both male and female without fear of rupture of the sphincter or incontinence of feces.

2. "That the dilatation of the sphincter should be very gradual, five minutes at least being allowed for its accomplishment.

3. "That no pain or inconvenience is experienced by the patient as an after-result of the operation.

4. "That when once through the sphincter, the windings of the gut should be followed very cautiously by a semi-rotatory movement of the hand, and by alternate semi-flexing and extending the fingers.

5. "That in many cases the hand can be passed into the sigmoid flexure, and possibly, in rare instances, into the descending colon.

6. "That should the hand meet with a feeling of constriction about the junction of the first and second pieces of the rectum, no force on any account should be used to overcome it, as this can only be accomplished by rupturing the peritoneum, which is here reflected from the intestine.

7. "That this method of investigation is of use in detecting a stricture high up the rectum or in the sigmoid flexure of the colon, but that a stricture below the descending colon may exist although the hand may be unable to discover it.

We believe Mr. Walsham's investigations on the point he has chosen for his paper calculated to do a great deal of good in throwing light on some obscure pelvic maladies.—*Amer. Jour. Medical Sciences.*

THE POISON OF SMALL-POX.—In the session of the French Academy of April 30th, Messrs. Pasteur and Joubert made



an important communication on the nature of the poison of small-pox (hæmorrhagic variety). They have succeeded in propagating the bacteria, which are contained in the blood during this disease, outside of the living organism, in "dead" liquids; and they found that their vitality remained unimpaired, even after repeated transplantation. Such an infected solution may be filtered by means of appropriate apparatus, and completely freed from bacteria, so as to become entirely inert. During the artificial propagation of these bacteria in clear solutions, no microscopic granulations appear to be formed, at least even under the most powerful lens, no organized or amorphous substances can be traced outside of the bacteria. These facts make it highly probable that the poison of small-pox is a bacterion, and not a virus.—*Ber. d. Deutsch. Ch. G.*, 1877, 1171.

**EFFECTS OF PILOCARPINE USED HYPODERMICALLY.**—Frohnmueller finds that crude pilocarpine, a reddish-brown extract of weak alkaline reaction, imperfectly soluble in water, easily dissolved in alcohol, in pill form, 0.016 to 0.02 gram. ( $\frac{1}{4}$  to  $\frac{1}{2}$  grain), produces the same effect as an infusion of 5 grammes (80 grains) of jaborandi leaves, even in relation to the unpleasant after-effects. The muriate of pilocarpine, a crystalline substance of acid reaction, easily soluble in water, is, according to F., very well adapted to subcutaneous injections. He injected  $\frac{1}{4}$  to  $\frac{1}{2}$  grain, and observed after a few minutes the well known effects of jaborandi, profuse perspiration and salivation, disturbance of vision, particularly for near objects, nausea, and even slight vomiting, and finally transitory increase of frequency in pulse and respiration.

**PITYRIASIS CAPITIS.**—This disease has been cured by chloral, which not only calms the itching, but destroys the morbid epithelial production which constitutes the pellicle of the pityriasis. It has also been found beneficial in the itching of exzema, in vulvar pruritis,

and other pruriginous maladies. The parts affected should be bathed or lightly rubbed two or three times daily, with a mixture of hydrate of chloral one part, dissolved in twenty parts of distilled water; it should not be dried with a towel. The application causes a slight heat and redness of the skin for a minute or two, and should be continued daily for a month or two, according to the obstinacy and chronicity of the malady. *Dujardin-Beaumets, L. Martineau.*

**JABORANDI IN ASTHMA.**—Dr. Gubler succeeded in five cases in aborting the attack by giving an infusion of the leaves, relief being obtained as soon as its sialogogue and sudorific effect appeared. He found the jaborandi to produce instantaneous amelioration of the asthmatic paroxysm of emphysema. To one man a cup of tepid infusion was administered during an excessive paroxysm of asthma, who fifteen minutes afterward began sweating and expectorating. Almost immediately after this the respiration became easy, the patient declaring that the malady had been taken from him as with the hand.—*Materia Medica.*

**BENZOATE LITHIUM IN GOUT.**—The treatment of gout by benzoate of lithium is recommended by Trehyon, in the *Rev. de Therap. Med.-Chir.* This salt is unlike the other lithium compounds, easily soluble in water; furthermore, the benzoic acid, being converted into hippuric acid, diminishes the elimination of uric acid. Instead of the insoluble urates, easily soluble hippurates are formed, which are excreted with the urine. These theoretical considerations have been verified by experience. During the continued use of benzoates of lithium, the gouty attacks become milder and less frequent, and the osteal pains disappear.—*Memorabilien*, July, 1877.

**GASTRO-ELYTROTOMY.**—This novel and singular operation, referred to by Dr. Thomas in his late work, is thus described by Dr. E. W. Jenks in a paper read before the Detroit Medical Association:

"*Gastro-elytrotomy* is so new a proce-

ture that statistics concerning it are exceedingly limited, but theoretically it is a simple operation and promises far more in its results than the Cæsarean section or even cephalotripsy. It consists in making an incision just above and parallel with Poupart's ligament from the symphysis pubis to the anterior superior spine of the ilium, holding back the peritoneum as in the operation for ligation of the iliac arteries, opening the vagina at its junction with the cervix, and extracting the child by version."

TO RELIEVE MORBID THIRST FOR ALCOHOLIC DRINK.—S. B. Merkel, M.D., of Philadelphia, writes to the *Journal of Materia Medica* as follows:

"A tonic and stimulant which partially supplies the place of the accustomed liquor, and prevents the absolute moral and physical prostration that follows a sudden breaking off from the habitual use of stimulating drinks:

R. Peppermint water.....oz. xij.  
Sulphate of iron.....gr. v.  
Spirits of nutmeg.....oz. ij.  
Valerianate of quinia....gr. ijss.

S. Teaspoonful taken as often as the desire for strong drink returns. I have had frequent occasion to test its efficacy in many cases in my practice, and have found it uniformly successful.—*Louisville Med. News*.

SIMPLE MODE OF CHECKING EPISTAXIS.—The *Tribune Medica* says that even after plugging the nares, injection of perchloride of iron, etc., have failed, an emetic, given to the extent of producing vomiting, will permanently check epistaxis.—*Id.*

PROTECTION AGAINST FLIES—FOR DOCTORS' HORSES.—

R. Linseed Oil.....dr. xij.  
Carbolic acid crystals...oz. ij.  
Glycerine.....dr. jss.

Dissolve the glycerine and add the oil. Apply daily to legs, mane, tail, face, neck and flanks; and the flies are driven off, much to the delight of the horses.—*Canada Lancet*.

A NEW PREPARATION OF IODINE.—Mr. J. Crouch Christopher calls attention to a new preparation, which, he says, in his hands has proved to be more useful and to have fewer disadvantages than any other remedies of like nature in more general use. It consists of twelve grains of cinchona flava, one grain and a half of iodine in the form of hydriodic acid, and one grain of protoxide of iron to a fluid drachm of liquor. The fact that the iron compound remains in the state of proto-salt (whereby its value is enhanced), and that the liquor never, either by time or exposure, becomes inky through the action of the tannin in the bark, tends to show that there is something more in this case than a mere mixing of ingredients.

The cases in which this preparation or compound has been found most useful were, for the most part, cases of secondary and tertiary syphilis, particularly those in which mercury had been lavishly used or abused—cases in which it was difficult to determine to what extent the diseased condition was due to syphilis, to the abuse of mercury, or to a combination of both. Great benefit has been derived from its employment in cases of persistent and frequently recurring boils, at a time when what may be termed a furunculoid epidemic existed.

It has been serviceable also in cases wherein it was important to give iodine in some form without incurring the risk of depressing the patient unnecessarily—such as cases of scrofula, anæmia, and glandular enlargement. Some of these, intolerant of the official preparation of iodine, tolerated this, and were benefitted by it.—*Phila. Med. Times*.

THE SUBCUTANEOUS INJECTION OF MORPHIA WITH ATROPIA.—Dr. Lagoda (*St. Petersburg Med. Wochenschr.*) employed the combined injection of morphia and atropine in two exquisitely painful cases of neuralgia, in one of which morphia given alone produced severe vomiting, headache and loss of appetite. Other anodynes and narcotics were of no decided benefit. One-twelfth grain of

morphia with one-fiftieth grain of atropine was then injected subcutaneously. Soon thereafter the pain ceased, quiet sleep set in, and on the following day the patient was free from nausea and headache; the appetite remained good. These injections were continued at weekly intervals in the same doses and always with a similar effect. Atropia injected by itself remained without effect.—*The Clinic*.

**NUX VOMICA IN OPIUM-POISONING.**—Dr. H. H. Beck, of Sulphur Springs, Texas, writes to the *Louisville Medical News*:

On Sunday night, the 29th July, at eleven o'clock, visited a child aged eighteen months, who, at six o'clock, the mother gave a grain and a half of sulph. morphia by mistake for quinine. I found the little patient with every symptom in its worst form from the drug. The pupils contracted to immovability; pulse not perceptible at the wrists. I did not time respiration, but it was certainly much slower than I ever before witnessed.

I used with the little patient stimulants, counter-irritation, strong coffee, in fact all the usual means in such cases, without any apparent effect. It being five miles in the country, I had to send to my office the tincture of nux vomica, which arrived at precisely two o'clock A.M., at which time the little sufferer looked as if done with the things of earth. I immediately, on arrival of the tincture, proceeded by giving hyperdermically, eight drops of the officinal tinct. of nux vomica. Its action was more like magic than physic. In the space of three minutes the little one opened its eyes, and pushed my hand off of its arm. In the course of one hour's time I could see the effects of the morphine beginning to preponderate. I again gave eight drops more, and by eight o'clock A.M. I had given in all thirty-two drops (hyperdermically) of the off. tinct. nux vomica, the little one going on to recovery without an untoward symptom.

I was induced to try the tincture from

seeing a case reported. Can unhesitatingly say to the profession they need have no terror from opium-poisoning in future.

**THE RASH PRODUCED BY BROMIDE OF POTASSIUM.**—At a late society meeting in London, Dr. David Lees exhibited an infant, aged nine months, with a pronounced bromide rash. A month ago it had convulsions, and had five grains and a half of bromide of potassium given every three hours, under the opinion that it was suffering from acute hydrocephalus. Under this treatment the symptoms quite disappeared. The rash appeared in spots, like the points of acne, with a yellow spot in the centre. These spots then coalesced and formed patches; these patches again became covered with a crust, which was really a dried secretion. Where these crusts were exposed to friction, as on the neck, long papillæ might be seen. These minute yellow spots were characteristic. In this case the rash came on as the bromide was being given up. The president remarked that it was curious how these rashes were produced in some persons, while others could take any amount of the bromide without any such result.—*Med. and Surg. Reporter*.

**RETENTION OF URINE.**—Dr. F. Fischer, (Madison, Wis.,) relates to *Med. Brief*, the following method of relieving a case of retention of urine:

"At the time of my examination retention had lasted 48 hours, the bladder was distended fully to the umbilicus, pain was excruciating, especially at intervals during the efforts at contraction of the bladder. The pulse was somewhat accelerated, but not small; no symptoms of uræmia or peritonitis, but of considerable extension from pain and restlessness. Of course the inevitable indication was to empty the bladder. A number 6 catheter went in quite easy; but no urine was drawn. On withdrawing and examining it, it was found to be filled with coagula. A number 10 catheter was then used, which did not enter

as readily, owing to an enlargement of the prostrate; but, although it was introduced up to its end, and the abdomen compressed with the palm of the hand, not a drop of urine would flow. I then used the kind of aspirator that I had been using at times years ago, when, on puncturing abscesses or cysts with the fraikart, the canula would become plugged—namely, *the rubber bulb* of a common injection pump. I fastened the bulb previously compressed by hand to the end of the catheter, and gradually relieving it, found it filled. When removed, the catheter would not drain, owing to a coagulum, which protruded from it several inches long; but the bulb was filled with coagulated blood. The bulb was then emptied, and reapplied four times with the same result; but after that time, a full stream of bloody urine, of a very offensive odor, was flowing, and over a gallon of it discharged, to the great relief and blessing of the patient.

The diagnosis in this case seems to me to be a little questionable. The patient, who was 72 years old, but still remarkably robust, had been subject to retention at previous times, probably owing to enlarged prostrate. But what had caused the hemorrhage, whether ulceration of the bladder or injury by preceding attempts at catheterism, or rupture of blood vessels by over-extension, I think is mere conjecture. The subsequent development of the case did not throw any more light on it. For two weeks, a limited hemorrhage with an actual retention of urine took place, which made the above described process necessary every day. During the next two weeks the catheter alone would drain the bladder; but still there was some admixture of blood to the urine; after that time, the urine became clear, and gradually the muscular action overcame the difficulty, so that patient, at the end of two weeks, was entirely restored, and is now enjoying good health. In this case, I suppose, if puncture had been resorted to, probably the same difficulty in removing the contents of

the bladder would have been experienced besides the consequences of so serious a lesion."

**TAYNYA, A NEW REMEDY FOR SYPHILIS AND SCROFULA.**—The latest medical journals announce the discovery of a new remedy—the so-called Taynya—in the treatment of syphilis and scrofula. From a report made before the Congress of Physicians at Turin, is the following abstract:

This agent, which is now in possession of the brothers Ubicini at Pavia, was found by one of them in a journey through Brazil, to have been used by the inhabitants of this land in the treatment of syphilis with success. He forwarded the roots of the plant to his brother in Pavia, who sold it to physicians, hospitals, and pharmacutists, at the rate of 30.0 grm. for four marks.

The plant grows in wild forests and on mountains, in stony regions, and often among coffee plants. All parts of it are efficacious, but the roots are preferable, and two alcoholic tinctures are prepared from them. The stronger of these tinctures—the *tinctura madre*—is used hypodermically, in gramme doses, and diluted with water as compresses and applications. For cataplasms, a decoction of the root is made. The weaker tincture—the *tinctura diluta*—consists of one part *tinctura madre* with three parts rectified spirits, and is given internally in doses of 2-20 drops two or three times a day.—*Clinic*.

**HYDROPHOBIA CURED BY A RATTLE-SNAKE BITE.**—At the annual meeting of the Missouri Institute of Homeopathy held in May last, the proceedings of which are printed in the *Medical Investigator* of Chicago, a new remedy for hydrophobia was proposed as follows: "Dr. Philo G. Valentine, of St. Louis, chairman of clinical medicine, read several papers of interest, one in particular, where hydrophobia was cured by the bite of a rattlesnake. A man had been bitten by a rabid dog, and when he felt the symptoms of hydrophobia coming on he went to his family and told them

that he must leave them, and they must shut the house and not let him in, as he might injure some member of the family. He accordingly went out, and came to a spring of water, the sight of which threw him into convulsions, and while writhing on the ground was bitten by a rattlesnake, and almost instantly cured, and never troubled by the poison thereafter." [?].—*Pacific Med. Jour.*

REMEDY FOR HOOPING-COUGH.—(*Lyon Medical No. 11, 1877.*) M. Dervieux believes he has found a preservative means in aconite, associated with ipecac and cherry laurel water. This mixture is either a veritable preventive, or simply an abortive. His formula is as follows:

Extract of aconite, .05 grammes—	$\frac{1}{4}$ gr. nearly.
Cherry laurel water, 4.	" —1 dr. "
Syrup of ipecac, . . . . 8.	" — $\frac{1}{2}$ dr. "
Mucilage. . . . . 200.	" —6 $\frac{1}{2}$ oz. "

This is given as soon as the characteristic cough presents itself, in doses of a teaspoonful every hour, to young infants; two teaspoonsful to those more than three years of age, and a teaspoonful to adults every hour.—*Chicago Med. Jour. and Ex.*

A MEANS OF ARRESTING HOOPING-COUGH.—Lansinski recommends the insufflation into the larynx of the patient of a small quantity of a powder composed of 30 grains of salicylic acid, 15 grains quinine, 7 grains of bicarbonate of soda, and 7 grains of sugar. This should be done twice daily, and the above quantity should last about ten days. He adopted this treatment in fifteen cases of severe whooping-cough, and were cured in periods varying from eight to thirty days.—(*Deutsch. Med. Wochens.*)—*The Practitioner.*

Albuminate of iron, as a remedy in anæmia and chlorosis, deserves to be better known. It is soluble and more readily absorbed than any other organic or inorganic compound of iron. Particularly good results have been obtained from its use in anæmic women.—*Dr. Choissnard, in Gaz. des Hopitaux, June, 1877.*

PATHOLOGY OF URÆMIA AND THE SO-CALLED URÆMIC CONVULSIONS.—Dr. F. A. Mahomed, in the *British Medical Journal* for July, advances a new and very plausible theory to account for the convulsions of uræmia. In Bright's disease there is always a condition of high arterial tension, together with changes in the heart and arteries generally. As a result of these, various hemorrhages may occur from rupture of minute or larger blood-vessels; these often take place from or into the mucous membranes of the nose, intestinal tract, uterus, and, perhaps, air-passages and bladder. They are also known to occur below the serous membranes, as in the peritoneum, pleura, or pericardium. They are frequently seen in the retina, preceeding or accompanying "albuminuric retinitis." They are very commonly seen in the brain, causing extensive hemorrhage; it is, indeed, the most common cause of apoplexy. Small capillary hemorrhages may, and do very frequently, occur in the brain as the result of Bright's disease, and these hemorrhages are the causes of the epileptiform convulsions generally known as uræmic, and all the so-called uræmic symptoms are due to the results of high tension on the capillaries of the brain, producing rupture of, or exudation from, them. The reason why this was not previously commonly observed is, that such hemorrhages usually occur in the grey matter of the convolutions, and that it is manifestly impossible that all the convolutions of the brain should be examined for minute punctiform hemorrhages, whose very existence was not even suspected. Several cases are reported in detail where the evidences of both recent and old hemorrhages seemed to have been the cause of the epileptiform convulsions prior to death.

While bearing in mind the miliary aneurisms described by Charcot and Bouchard, and also the similar true and dissecting aneurisms of the small cerebral vessels (especially those of the cortex) described by Rindfleisch and many others, and the well known forms of gen-

eration affecting the smaller vessels and capillaries of the brain, often seen in connection with Bright's disease and other allied conditions, and that with these anatomical changes frequent variations in the arterial tension occur, it will be admitted that there exists in Bright's disease abundant cause for the occurrence of all forms of cerebral hemorrhages: moreover, these eschymotic spots are true hemorrhages, and not merely the sacs of minute aneurisms transversely divided.—*N. O. Medical & Surgical Journal*.

**MERCURIAL VAPOR BATH.**—Prolonged and obstinate cases of syphilis may frequently be cured by the use of the mercurial vapor bath. A very simple method of using this bath is that recommended by Mr. Henry Lee.

A tin case is used, containing a spirit lamp, and having in the centre, over the flame, a small tin plate, on which 15 to 30 grames of calomel are placed, and around this a sort of saucer filled with boiling water. The lamp being lighted, the apparatus is placed under a common cane-bottom chair, on which the patient sits, enveloped, chair and all, in one or more large blankets for about twenty minutes, when the water and mercury will be found to have disappeared. It is better not to use a towel, as the calomel would be wiped off by it.—*Dunghison*.

**TAR WATER IN TYPHOID FEVER.**—Fresh tar, prepared by burning rich pine under a pot, constitutes the best terebinthinate in typhoid fever, as it is more pleasant than the oil of turpentine, acts gently upon the kidneys, without producing strangury; contains a little creasote, and is antiseptic in its properties, tending to destroy germs and eradicate the typhoid poison from the system. We have used it much in practice and with satisfactory results. Our method is the following:

To one tablespoonful of the tar pour a pint of water. To be taken during the day; the same to be freshly prepared every morning and the air excluded by covering the vessel. We have been in

the habit of recommending it as prophylactic to the disease, and we believe it to be efficacious in this regard.

W.

#### THE HYPOPHOSPHITES IN PHTHISIS.—

*Case 1.*—James R. E. was an out-patient at Victoria Park Hospital, May 9, 1857. He was a pale, thin young man; had been ill, with more or less cough, for the last five years. He dated his illness from a sudden spitting of blood. The left side of his chest was flattened, with impaired percussion resonance and abundant crepitant *rales* in inspiration. The right side of the chest was resonant; expiration was prolonged. Cod liver oil always made him sick. On the previous day he brought up blood. He was ordered to take five grains of hypophosphite of soda in camphor-water three times daily. May 16th the medicine agreed well, and he felt much better. On May 23d the cough was much better. Pulse 104. There was a cooing sound with expiration in the right lung. The left side was dull at the upper part, and here a dry creaking was replacing the crepitant *râle*. He was ordered to take five grains of hypophosphite of lime in place of the soda salt. On May 30th he was much amended; there was very little sputum now. On June 13th he felt himself well, though respiration was not normal in the left lung. He could now take some cod liver oil, and, at his own desire, left to go to his home in Wales.

*Case 2.*—Benjamin D., a laborer, aged about 35, from Acton, was seen on June 27, 1867. He had had a bad cough since March, with frequent spitting of blood. Pulse 104, feeble. The bowels were inclined to diarrhoea. The tongue was clammy. His breath was very short. Both sides of the chest were somewhat flattened. The respiratory sound was generally weak. Crepitant *rales*, to a slight extent, were heard over the left upper third. The liver was enlarged and tender. Cod liver oil, he said, "always ran through him." He was ordered to take five grains of hypophosphite of lime with ten minims of saccharated

solution of lime in infusion of calumba three times daily. He took this till August 8th, when he was discharged, stating that he could now walk a long distance without fatigue; his cough also was "nothing worth speaking of." Dry, creaking noises could be heard still at the upper part of the left lung.

**CHOREA.**—Dr. Arnold. A young lady, aged eighteen, had suffered with chorea for two years and a half. Nearly every known remedy had been tried without avail. When I saw her every voluntary muscle seemed to be affected; could hardly talk, and had to be fed with a spoon. Menstruation was regular, the countenance was pallid, great anæmia, and a basic systolic murmur which is common in bad cases of chorea. I ordered perfect rest, put her in a crib and strapped her body so as to restrain the convulsive movements. Three times a day she had alternate hot and cold douches to the spine, continued as long as she could endure them, and iron internally. In two weeks there was marked improvement, and in five weeks she was so far recovered as to be able to go shopping, and if not hurried you would notice nothing amiss. If hurried she shows some little excitement and stammers, but this subsides in a few minutes.

Dr. Rennolds. I attended a girl fourteen years old, who had had chorea for two years. I gave her calomel and jalap, each ten grains, repeated daily, and she was well in two weeks. Some years ago I read a paper before this society, giving a number of cases relieved by this treatment in a very short time.

Drs. Winternitz and Seldner expressed themselves as having tried the calomel and jalap treatment with failure in every instance.—*Med. and Surg. Rep.*

**GONALGIA, OR HYSTERICAL ARTHRALGIA.**—The peculiar affection known as "knee-ache," is not uncommon among women of relaxed fibre, and in conditions of general debility, in both sexes. It is usually regarded as a form of rheumatic gout or neuralgia; but I have found it as frequently associated with

uterine disorders and hysteria as in cases of gouty or rheumatic diathesis.

In some cases the knee only is affected, in others a dull, diffused, aching pain occurs in the wrists, soles of the feet, ankles, heels, and toes. Sometimes the pain is paroxysmal, coming on suddenly during the day or night, lasting a few hours or several days, and is usually accompanied with more or less pain on movement, and tenderness on pressure.

The patient often complains of the "knee giving way," and of a "cracking sensation" in the joint, and persons have even resorted to mechanical appliances, under the impression that the knee needed support. Occasionally the joint is found pale, puffy, or swollen, and there may be hyperæmia and hyperæsthesia, with change of temperature, and a tendency to cramp of the sural muscles.

In women who have borne children rapidly, and whose nervous systems have been broken down, the left leg or knee is most commonly affected, and there is a strong tendency to spasm of the muscles of the lower extremities, with involuntary contraction of the toes, and a peculiar nervous twitching, especially noticeable during sleep. In nearly all these cases, anti-neuralgic remedies alone have but little permanent effect, while flying blisters, stimulating embrocations, and lotions are almost useless. The treatment that promises most speedy relief is milk diet, the mineral tonics (with small doses of colchicum in gouty cases,) change of air and scene, douching the painful joint alternately with hot and cold salt or sea water; the use of Chapman's "spinal bags," and last, but not least, covering the affected part with a sheet of thin rubber.

The rapid effect of the latter in some cases, is remarkable.

If the knee-joint is affected, a close-fitting knee-cap of sheet rubber should be worn at night, and may be removed in the morning, if all pain and weakness has disappeared, or it may be kept on until it induces a decided eruption, or irritation of the skin, when it should be

removed and the part washed with alcohol or bay rum. The prompt and efficient relief which the sheet rubber has given in several cases of gonalgia which have come under my notice, justifies a further trial of its merits in this painful and annoying affection.—*C. J. Cleborne, M.D., in Med. Record.*

WHAT IS CHRYSAROBIN?—Chrysarobin is the term which has been selected to designate what is more commonly known—because so first known—as Goa powder. It has been chosen for these reasons: That Goa powder is so called only because it is derived by the rest of India from the port named Goa; that the same powder is known over South America as Bahia powder, except in the province of that name, from which the other parts of the country receive it; while in that province it is known by its native name of Aroba-powder. But since this powder is the active part of a whole tree, rather than continue the compound word aroba-powder, it is convenient to substitute the single word arobin. Yet further, while Goa powder (or old powder) is brown, Aroba powder (a newly prepared powder) is yellow. Yellow is the right color. Hence, to arobin is added the prefix chrys, and thence is formed chrys arobin—*i. e.*, yellow Aroba powder.

The action of chrysarobin is emetic and purgative. Vomiting is always the first sign of action. This is not attended by any depression at all compared with that caused by tartar emetic or ipecacuanha. In the doses presently to be named, it has not caused any distressing retching; and in children, as well as in adults, the acts of vomiting varied between none in three out of the whole number, and six in two out of the whole number. They were usually two or three; very often only one. The action on the bowels was much more variable, from none in a few cases to nine or ten in equally few cases; most often the range was between three and seven. There is no griping pain, but the nausea continues more or less markedly until the bowels recover. The motions are

very watery, and of such a brown color as suggests its origin with the powder taken. If the vomiting be very early, then the purgation, although marked by a fluid stool or stools, will certainly not be violent; and in some cases, in which there was no vomiting, the bowels acted very freely. It does not always happen so, however, under the same condition; and I conclude, therefore, that some persons can take a larger dose than others. I cannot distinguish these persons any more than I can accurately gauge the amount of any other purgative which a given person will require at first seeing him. If the dose be taken into a full stomach, that delays its action and determines it to the bowels.—*Druggists' Circular.*

HYDROBROMIC ACID IN TINNITUS AURIUM.—The following case, selected out of several, of the successful treatment of long standing tinnitus aurium by hydrobromic acid, well illustrates the principles laid down by Dr. Woakes, in the *Journal* of June 23d. It will be seen that in this case the tinnitus was of the knocking or pulsating kind, and therefore probably due to a congested condition of the labyrinthine blood-vessels. In other cases, in which the tinnitus was of a continuous roaring or rushing character, the administration of hydrobromic acid had no beneficial effect.

I. S., aged 34, applied at the Central London Throat and Ear Hospital on May 11th. He had been deaf, and had loud "thumping" noises in the head for twelve years. There was no history of otorrhœa. On examination, the meatus was fairly healthy; hearing power was extremely defective; voice was only heard when much raised, and the watch not at all; the tuning-fork was heard on the mastoid process. The tinnitus was complained of as the most distressing symptom. He was ordered benzole inhalations, and hydrobromic acid in fifteen minim doses three times daily. On June 4th he reported that the noise had quite stopped, and said that his ears "felt much clearer and more healthy



since taking the medicine." June 11th there was no return of tinnitus.—*British Medical Journal*, July 7th.

**ACUTE AMMONIACAL COLLAPSE.** (*Cent. albl. f. Chir.*, p. 694, 1876. *Med. Times*, Jan. 20, 1877).—W. Roser, from a series of cases of acute ammoniacal collapse, draws the following conclusions:

1. Acute ammoniæmia arising from the absorption of decomposing urine excites sudden collapse, with decided lowering of the temperature of the blood.

2. In cystitis and pyelitis this lowering of the temperature may serve as a diagnostic sign of ammoniæmia.

3. If the originating cause of the acute ammoniæmia can be removed without loss of time, [for instance,] by puncture of the bladder, urethra or pelvis of the kidney, the collapse is frequently observed to pass off.

4. Ammoniæmia deserves much more attention at the hands of surgeons than it has hitherto received.—*Detroit Medical Journal*.

**THE IMPORTANCE OF CINCHO-QUININE AS A REMEDY.**—The Supervising General of the Marine Hospital Service has issued a circular letter to the medical officers of that branch of the Treasury, in which he calls attention to the extraordinary increase in the market price of sulphate of quinia, and at the same time alludes to the success attending the employment of the other alkaloids of the bark.

In the year 1866, the Madras Government appointed a Medical Commission to test the respective efficacy, in the treatment of fevers, of quinine, quinidine, cinchonine, and cinchonidine, and the remedial value of these four alkaloids, as deduced from their experience, is shown as follows:

Quinidine,	ratio of failure per 1000 cases,	6
Cinchonidine,	" " " " " "	10
Quinine,	" " " " " "	7
Cinchonine,	" " " " " "	23

Cincho-quinine contains all these alkaloids, and the combination has proved more efficacious than any one alone;

and the price of this article being less than one half the price of sulphate of quinine, the physicians of the country are substituting it for the sulphate; and the medical officers of the Government service should give this subject due consideration in preparing their requisitions for medical supplies.—*Washington, D. C., Daily Nation*, August 8, 1877.

## Practical Notes and Formulæ.

**PURPURA HÆMORRHAGICA.**—By Prof. Trousseau, of Paris:

R. Ferri et potassii tartratis.....dr.ij  
Acidi tartaraci.....gr.ijj  
Syrupi tulutani.....oz.i  
Aque canelæ.....dr.v  
Aque distillatæ.....oz.ijss M

A tablespoonful every two hours.

**CHILL REMEDY.** (*Naphey*).—

R. Quinæ Suephatis.....grs.xxx  
Olei piperiti nigri.....gtt.xxiv  
Acidi sulphurici aromat.....dr.  
Syrupi simplicis.....oz.iv  
Alcoholi.....oz.j M

Tablespoonful every two hours during the intermission, until half the quantity be taken. After which, every three hours, until all be taken.

**TO ABORT A CHILL.**—If the chill-time is near at hand, and you wish to head it off, may do so by putting patient to bed and administering the following:

R. Chloral hydratis.....gr.xx  
Aque camphoræ.....oz.i M

For one dose, he will go to sleep and the sweating stage will ensue at once, as a general thing. If the chill has actually commenced, a dose of opium followed by the inhalation of chloroform, has been known to abort it.

**PRESCRIPTION FOR DYSMENORRHEA.**—

R. Fl. ext. cypripedium (ladies' slipper).  
Aque camph.....aa oz.ij  
Bromide potass.....dr.ijj M

Dose, two teaspoonfuls three times a day, gradually increasing the dose to a tablespoonful. W.

**ARSENIC IN CHRONIC CHILLS, ETC.—**  
The following formula for the administration of arsenic strikes us with much favor as of safe dose for long continuance, and well adapted to chronic chills; also useful in skin affections, in lencorrhæa, and as an anti-dyspeptic and tonic pill:

R. Ac. arsenic.....gr.j  
Ferri. sulph. exic.....gr.xx  
Pulv. capsicum.....dr.j  
Pil. al. et myrrh.....q. s.

Ft. pills No. LX.

One pill two or three times a day.

*Another fine tonic is—*

R. Cit. iron et quinine.....gr.v  
Liq. strichnia.....m.v  
Inf. columbæ.....oz.j

For a dose. Particularly useful in ammorrhæa, and in debilitated conditions generally.

**STRYCHNIA.**—Strychnia is coming into such general use as a tonic, anti-dyspeptic, etc., that it is well to give formulæ for its use. It does not dissolve readily in alcohol, and hence the tinctures used are often of imperfect strength. The following formula gives a thorough solution, and will be found available for all purposes where strychnine is indicated:

R. Strychnia acetata.....gr.i  
Acidi acetici.....m.xx  
Alcoholis.....dr.ij  
Aque.....dr.vj M

Dose, 10 drops containing about 1-40th grain.

**GONORRHEA.**—Dr. M. D. Mooney, of Georgia, (in *Jour. Mat. Med.*) reports fine success in the treatment of gonorrhæa with the following

R. Sugar of milk.....dr.ss  
Ext. Indian cannabis.....gr.xx

Mix thoroughly, and divide into sixty powders, one to be taken every three or four hours. The cure is effected in ve to seven days.

**FOR BRONCHITIS AND ASTHMA.—**

R Tinc. lobella.....  
Camphor water.....ss oz.ss  
Muriate of morphine.....gr.ij  
Tinc. bloodroot.....oz.i  
Empyreumatic syrup.....oz.vj M

Half to one dram every three hours.

Well adapted to coughs, when the secretions are tough and the expectoration scant and painful. W.

**RHEUMATISM (Recipe for).**—Joseph Lomax, M. D., Troy, N. Y., has found the following formula very valuable in the treatment of acute rheumatism:

R. Salicylic acid.....dr.ijj  
Bicarb soda.....dr.ij  
Glycerine.....  
Water.....} ss ozij M

Tablespoonful every two hours the first day, afterward a dose every six hours.

**IRRITABLE BLADDER FROM ACID URINE. (Naphey).**—

R. Uvae ursi folia.....oz.iss  
Humuli folia.....oz.ss

Pour on a quart of boiling water, and, after two hours, add—

Sodæ bicarb.....dr.ij  
Morphine.....gr.ij

Dose, a tablespoonful frequently.

**GOOD, CHEAP PASTE.—**

R. Dextrine.....2 oz.  
Acetic acid.....  
Alcohol.....} ss 4 oz.  
Water.....2½ oz.

Mix the dextrine, acetic acid and water, stirring until thoroughly mixed; then add the alcohol.—*Brief.*

**COLD IN THE HEAD.—**

R. Murate of morphia.....2 gr.  
Light carbonate of bismuth... 6 dr.  
Starch.....3 dr. M

Of the powders, one-quarter to one-half may be taken as snuff in the twenty-four hours, for influenza, cold in the head, neuralgia, etc.—*Brief.*

**DELIRIUM TREMENS.**—A good anodyne in delirium tremens is the following:

R. Chloroforml.....dr.ss  
Sulph. quinine.....gr.ij  
Tinc. cardamomi. com.....dr.ij  
Aque camph.....dr.x

For one dose.

**NUTRITIVE ENEMAS.**—In cases where nourishment cannot be administered by

the mouth, life has been prolonged, and the patient sometimes saved, by nutritive enema. The following recipe (from *Dunghison's* late work) will be found convenient for this purpose :

**Beef Tea and Cream Enema.**—Mix together—

R. Strong beef tea.....4 oz.  
Cream .. .....1 oz.  
Brandy..... ½ oz.  
Port wine.....½ oz.

May be used three times a day. If brady is not indicated, take beef tea, soup, or milk, and eggs beaten together and thicken with corn flour.

**Cod Liver Oil and Bark Enema.**—

R. Milk.....4 oz.  
Port wine... ..1 oz.  
Cod liver oil.....½ oz.  
Tinc. of yellow bark.....2 dr.  
Liquid ext. of opium.....20 gtt.

**IN HEMOPTYSIS.**—

R. Fluid ext. ergot. .... }  
Tinc. opii camphorat ..... } equal parts.  
Syrupl. toltan. .... }

A desertspoonful every half hour.—  
*Brief.*

**CONIUM MACULATUM.**—This remedy is not sufficiently appreciated by the profession. It is a narcotic of great power, though often inert as found in the shops—particularly so with the solid extract. It does not, like opium, interfere with the nutritive or secretory functions, and is not cumulative in its effects, and may, therefore, be administered for a long period with safety. In chorea, in syphilitic rheumatism, in rheumatic neuralgia, in asthma attended with painful respiration, it is a valuable agent. Combined with opium, it modifies its effects and, to some extent, corrects its deleterious properties. For this latter purpose, the following formulæ will be found useful, and will be borne by patients who can not take opium alone :

R. Fluid ext. conium.....  
Deod. tinc. opii.....aa oz.j M

Dose, 10 to 30 drops.

R. Fluid ext. conium.....oz.ss  
Aquæ camph....dr.ij  
Muriati morph.....gr.j M

Dose, one teaspoonful.

R. Fluid ext. conium .....oz.ss

Sp'ts nitre dulc.....

Camph. tinc. opii.....aa oz.j M

Dose, one teaspoonful. A good substitute for Dover's powder, and specially useful as an anodyne in typhoid pneumonia. W.

**EXCELLENT HYDROGOGUE CATHARTIC.**

R. Podophyllin .....grs.v

Bitartrate potassa. ....oz.ss

Mix thoroughly and divide into ten powders, one to be given every three hours. Valuable in dropsical accumulations. Given every third or fourth day, with ten drops of tinc. digitalis, thrice daily in the interval, will be found an excellent treatment in hydrothorax and other forms of dropsy. W.

**TRISMUS NASCEITIUM.**—Dr. J. N. Nixon, Springfield, Ind., reports to the *Ohio Medical Record* two cases of trismus nasceitium successfully treated by repeated revulsive applications of chloroform to the spine. A soft, cotton cloth was saturated in chloroform and applied to the entire length of the spine, covering it with oil silk to prevent evaporation. The application irritates severely, and will vesicate if long continued. On removal, the pain quickly subsides, and the patient falls asleep.

**ARNICA—POISONOUS.**—The tincture of arnica, as a local application to sprains and bruises, has long been extensively used. It has become a favorite, especially among the homeopaths, and by consequence amongst a certain class of stylish or fashionable people. We have never thought that it possessed any remarkable advantage as a liniment other than what is contained in the alcohol, with which the tincture is prepared. Of late, a number of cases have been reported of poisonous effects upon the skin from its use.

**INCONTINENCE OF URINE IN CHILDREN.**  
—*Bromide of Iron* is said to be a very reliable remedy for incontinence of urine, especially in children.

phia failed to accomplish anything. It is the more important that the medical journals should not slacken their efforts on this subject."

The above is from an intelligent medical gentleman residing in one of the upper counties of Georgia. The subject is an important one, and we trust his views will be read and appreciated. As journalists we fully appreciate what he has said, and will do what we can to remedy the evils alluded to. He is doubtless correct as to the remedy. If Professors of medical colleges violate the ethics they are not less amenable to censure than the private members of the profession; and the true men of the profession throughout the country should, especially in their organized capacity—in their societies and associations—discourtenance the schools which are taught by incompetent Professors, and who employ so many unprofessional ways and means to advertise themselves and build up their cheap institutions. The fault is in the preceptors not doing their duty. Let every preceptor see to it that his students are instructed to attend first-class colleges, where the best facilities and the highest order of talents are to be found.

**HORSE SHOEING.**—This is not a medical topic, and yet medical practitioners, more, perhaps, than any other class, need to know how a horse should be shod.

The length of time a shoe should be worn will, of course, depend upon the kind of work the horse is doing, and the sort of roads over which he travels.

In four to six weeks the hoof will have grown too large for the shoe, which will press inward upon the soft parts of the foot, and the horse will become lame. Before this occurs the shoe should be reset, or a new pair put on. As a general rule a saddle horse will ride better without corks on his shoes. The shoe should be made to fit the foot, and not the foot the shoe. It should rest firmly and uniformly upon the outer rim of the hoof so as to require little or no dubbing off of the hoof by the rasp. Three nails on a side are enough, to be driven in with such inclination as to come out at a point about one and a half inches above, and yet so shallow as not to touch the quick. To know how to do this properly the smith must study the anatomy of the horse's foot. A small, tough nail, made to fit tightly the hole in the shoe, should be used, otherwise the shoe will soon become loose.

The frog in the foot may be lightly trimmed, so as to remove any jagged portions, but should not be cut or rasped off, as is usually done. It is somewhat elastic in structure, and is evidently designed to lessen concussion and divide the pressure upon the foot. The hoof should not be burned in fitting the shoe, as is commonly done. Unless your smith is very trustworthy it is well to stand by and see your horse shod. Shoes wear out much sooner if your horse stands on a plank floor,

and the horse will also be more likely to become lame.

These suggestions will, perhaps, be regarded as simple and unnecessary by many; but the young practitioner, and even older heads, who have not observed closely, will find them profitable. It was not until after long years, during which the writer suffered much loss and inconvenience from lame horses, that he became acquainted with these simple facts.  
W.

**A MISFORTUNE.**—We are very sorry to hear that Dr. W. A. Greene, of Macon, our able contributor, has recently met with a calamity from fire, by which a valuable library, a large collection of journals, original MS., instruments, etc., the accumulations of twenty years, have been swept away. The pecuniary loss is not less than \$3,000, while much that was destroyed cannot be estimated in dollars and cents, because of a character which can never be restored.

## BOOK NOTICES, Etc.

**Naphey's Therapeutics.**—Already the edition of this work which was published at the commencement of the present year is entirely exhausted. No higher testimony to its worth could be given. It recommends itself at once to every physician who sees it.

A new edition (the fifth) is in active preparation. The editor has been assisted by several very competent gentlemen in special departments, and the work has received a most thorough revision and very large additions. Indeed, so extensive are the latter, that the two parts into which the work is divided, viz: 1, Medical Therapeutics, and 2, Surgical Therapeutics, will each make a volume by itself, quite as large as that which embraced both divisions in the last edition (about 600 pages). They will be printed on handsome tinted paper, in the best style, and each part, as wholly independent, will be sold separately if desired.

A classified list of works on Surgery and the collateral sciences, published by Lindsay & Blakeston, Philadelphia,—many of them at greatly reduced prices. Descriptive catalogues sent free upon application.

Also by the same House, Physician's Visiting Lists, for 1878. The first book of the kind published in this country and a great convenience to the practitioner. Price \$1.00 to \$3.00, according to style, etc.

**Nurse and Patient and Camp Cure**, by S. Weir Mitchell, M.D., author of "Wear and Tear," "Fat and Blood" etc., Philadelphia, J. B. Lippencott & Co., 1877.

**The Respiratory Brace.**—A new appliance devised for the relief of orthopnoea, by Geo. F. French, M.D., Portland, Maine.

# THE SOUTHERN MEDICAL RECORD.

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} EDITORS.

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## Original and Selected Articles.

### CARBUNCLE — WHITLOW AND INGROWING OF NAILS.

BY O. E. NEWTON, M.D., CINCINNATI, O.

By the term carbuncle you are to understand a malignant boil, the tendency of which is to become rapidly worse; will be checked only by the proper treatment. Its natural tendency is to grow larger by destruction of adjunct tissue; therefore, the emollient or poulticing treatment indicated in common boils is, when applied, only aggravating to this disease.

The principal distinctive difference between a carbuncle and boil is, when a boil has ripened, generally, one opening is formed, and contains a core which, when sloughed out, or removed, leaves a healthy base, and will soon heal by simple means; while a carbuncle will open with sieve-like openings, instead of one, each forming a distinct sinus, or ulcer, which will eat and destroy, without receiving the proper treatment, which is caustic or the knife.

I treat these cases by destroying and disorganizing, with the caustic of chloride of zinc paste, the diseased tissue, and sloughing it out. Very frequently

the whole diseased tissue will come out down to the bone over which the carbuncle has made its appearance. These cases occur most commonly upon the back of the neck. You must not trifle with these cases with *mild, emollient means*, or you may lose your patient. Strike deep and thorough for a total destruction of the whole diseased tissue, and thereby control the disease by the only means, using caustic or the knife.

#### AN ESPECIAL CASE IN ILLUSTRATION.

Mr. M. T. Ligur, (northern residence No. 142 Clark street, Cincinnati, O.) a French Southern planter, at Cypremot's Landing, St. Mary's parish, La.

History: Being on his plantation in Louisiana in 1861, was prevented by the war from joining his family, who were on their usual visit North at the outbreak of the war, for four years. During the progress of the war he had been living almost like a hermit, being repeatedly stripped by passing armies, and being often obliged to live upon the coarsest and lowest diet. Upon being notified of the removal of the blockade, he at once started on his way North, going by the way of New Orleans to take boat, where, for the first time, he had an opportunity to satisfy his appe-

title. He, naturally being a high liver, being a Frenchman, at once began drinking wine, and using the high-seasoned steamboat fare, which he continued to use on his way to Cincinnati. When he reached here he was the subject of a rash, covering his whole body, of a nettle rash character; and erysipelatous inflammation showed itself upon a line of the back of the neck, extending itself over the spinal column. This was the appearance of the external surface when I was called, with a *puffy condition of the skin*, and areolar tissue underneath. The parts at once showed signs of a carbuncle; mortification and sloughing at once followed. The following are the parts that were affected: The back of the head, commencing at a line drawn from ear to ear, and extending downward to the last cervical vertebra, where there seemed to be a line of demarkation between it and the sound flesh, leaving a healthy space of about four inches, from whence the *puffy condition extended to the eighth dorsal vertebra*, where there was another space of about three inches of healthy tissue, from which again the same diseased condition extended to the third lumbar vertebra.

Before any openings had appeared in any of the places, the whole surface of the above described parts showed the probable collection of matter under the skin, there being distinct fluctuation by pressure over those spots. I at once applied a plaster of chloride of zinc paste, covering as much surface as he could stand the destruction of, at one time, over which I applied, every three hours, a poultice of flax seed and pounded charcoal, mixed with brewer's yeast and water. This process of disorganizing by means of the caustic, and favoring suppuration by means of the antiseptic poultices, was continued until the cavities containing the pus were reached.

Having disorganized all the unhealthy tissue and sloughed it out, I dressed it with equal parts of ung. zinc, oxidi. comp., and ung. plumbi comp. The parts excavated to the bone, covering a space of over eighteen inches of surface.

So extensive were the parts to be dressed it required from one to one and a half pounds of ointment at each dressing.

I might say, as soon as the caustic was applied, it at once stopped any further extension of the disease. Though the treatment was very radical and painful, it was successful in curing my patient, and gave full satisfaction; and I fully believe, had not this sanguinary caustic treatment been used, my patient would have died.

I was six weeks in attendance, twice per day.

### WHITLOW OR FELON.

This is one of those cases in minor surgery which calls for a correct judgment, and prompt treatment, as it is one of the most painful small difficulties that the human system is called upon to bear. The inflammation is nearly always upon the first phalanx of the finger or thumb. Often when first seen the cellular tissue will be swollen even to severe tightness of the skin, which will be of a bright red color. Finally matter will be formed underneath, and here comes the danger and the indication requiring surgical interference. At the first commencement, it is said that the frequent immersion in scalding alkali, and the part wrapped up in a tight bandage has checked the inflammation. Sometimes the full and frequent painting with Tr. Iodine, the placing it into a lemon cut open, has dispersed the swelling. But it is seldom a physician's attention is called prior to the formation of matter, though not opened, and that is the indication that a cut is to be made from the first joint, down and *through the periosteum to the bone*, extending to the end of the phalanx, which *in every instance* will give prompt relief. The danger growing out of this not being done is: If you wait until the abscess opens of itself the probabilities are that you will have a case of death of the first phalanx, or necrosis. In cutting, be careful to go

*through the periosteum from the point of starting to where you stop.*

After cutting, simply place a pledget of lint or cotton in the opening to keep the edges from uniting—this only to be kept there the first day, over which apply an elm bark poultice. In two days apply the Mayer's Ointment until healed.

I have four cases of necrosis in my surgical cabinet where I performed amputation, and each case could have been prevented if the *early opening had been made*.

### INGROWING OF NAILS.

This is apparently a very trifling case in minor surgery, but you will often be consulted about this kind of trouble, and you will be successful in relieving it by the treatment I give you.

First, soak the toe in hot water, well, to soften the nail as much as possible, then scrape the centre with a piece of glass or a scalpel, and cut off the sharp corners of the ingrowing nail; then anoint cotton in carbolic acid ointment, and crowd it tightly under each corner, with a view of *raising* them out of the *fissure* in the fleshy part around the nail—this cotton to be taken out from time to time and replaced by a new pledget. Allow the nail to grow out at the ends well, to be cut off square—keeping the centre thin, and the edges pressed upwards. If there be, as you will sometimes find, a fungus formed on each side of the nail, you will first have to destroy this, with a drop of nitric acid, or a little chloride of zinc paste, before putting the cotton under the nail. This course, sometimes modified according to circumstances, has fully met the demands in these cases.

I have cured such cases as these, who had submitted to the old plan of removing the entire nail the second time, in which cases, the nail came in just where the one had been that was pulled out. *The pulling out of the nail, or cutting off of the corners alone, will not cure these cases.*

### SULPHATE OF CINCHONIDIA.

By C. G. POLK, M. D.

The increase in the price of the sulphate of quinia has almost imposed a prohibition upon its employment, and naturally turns the attention of the physician to a substitute less costly. Of the various articles which have been tested, none except the sulphate of Cinchonidia have, so far, given general satisfaction. The price, not exceeding half the cost of quinia, and the beneficial results following its administration approaching so nearly the more costly alkaloid, that physicians have learned to employ it in all cases in which the pecuniary consideration is important.

As an anti-periodic I have employed it with a very high degree of satisfaction in the following formula :

R. Sulph. cinchonidia.....grs. xv.  
Fluid ext. gelsemium.....gt. xx.  
Fluid ext. glycyrrh.....dr. iii.  
Syrup aurant cort.....dr. iv.  
Mucil. acaciae qs. ad.....oz. ii. M.  
S. Desertsponful every hour until taken.

During the past summer, I have used it in a dozen cases of intermittent fever, without a single failure. In only one case was there a paroxysm after taking the above quantity, and none in which a second paroxysm occurred. The taste is not at all disagreeable, the cinchonidia scarcely imparting a trace of its bitter. Children take it without inconvenience, and, it seems to me, it is less liable than the quinia salt to derange the brain or stomach.

In remittent fever I have employed the same formula, breaking up the disease in three or four days.

I have also employed it in five cases of enteric fever, with large doses of sulphuric acid, and they were all convalescing by the twelfth day. In fact, I have learned to regard it every way equal to the more costly quinia, and as fast as I can control my long acquired fondness for the latter, am I evincing my firm conviction of its value, and employing it in my prescriptions.

I throw out these suggestions, hoping

that the additional grain of evidence may aid in the general use of this valuable medicine.

The only real rival it has is the cincho-quinia, and I think there is a large balance of advantage in favor of the cinchonidia. I think conscientious analyses of cincho-quinia have determined different results, and I think variation of constituents inseparable from a preparation embodying all the constituents of cinchona bark.

The variation in strength is an objection against the cincho-quinine, its comparative freedom from bitterness is an item in its favor. I have heard physicians object to it on ground of its proprietary character.

But the relative merits of the two can not be determined elsewhere than at the bedside of the sick. One clinical fact is worth ten thousand speculations.

The great question of the physician is, what is best to heal the sick? This determined, he should use the best, regardless of every other consideration. Of course, official preparations should, other things being equal, be preferred. Patented preparations should be rejected, unless the exact composition be known, and then it is better to designate the articles and quantity rather than favor a nostrum.

I think, then, surveying the subject in both its ethical and therapeutical light, there is every reason to give preference to sulphate of cinchonidia. The statement recently made by Dr. Ferdinand King, in THE SOUTHERN MEDICAL RECORD, that it requires three times as much cinchonidia as quinia, is very contrary to my experience. I have obtained as good results from the cheaper alkaloid by increasing the amount one-fourth, as I have from quinia sulphate.

I do not deny that cincho-quinine is a good preparation, I believe it is; but I am very positive that sulphate of cinchonidia is a perfect substitute for sulphate of quinia.

It is believed that both cincho-quinine and Stearns' sweet quinia consists largely of pure cinchonina. The latter pure cinchonina (we do not now speak of the sul-

phate of cinchonina, but of the alkaloid itself,) has not, perhaps, received the attention that it deserves. By mixing twelve (12) parts of this with sixty (60) of sugar of milk, and adding one (1) part only of bi-carbonate of soda, a powder can be prepared which will readily mix with a small quantity of milk or cream, and forms a tasteless compound, and thus desirable to use in many cases. The administration of it should then be followed by a glass of water, and after an interval of half hour by acidulous drinks, when all the effects of quinia will be produced.

### AMMONIA TREATMENT OF RHEUMATISM.

By MERIWETHER LEWIS, A.M., M.D., Lenoir's, Tenn.

Some months since, quite a stir was made in the journals on the above mentioned plan of treating rheumatism, and it was generally considered entirely new. Every one will no doubt remember that it was claimed that a few six drop doses of aqua ammonia would relieve a case of rheumatism in the course of six or twelve hours.

In the winter of 1873, (February) I was treating a case of sub-acute articular rheumatism in the person of an old lady. I sent her a prescription of iodide of potassium and tincture of aconite, directing twenty drops to be taken every three hours. Volatile liniment was also ordered for rubbing the joints. By some strange mistake, the messenger, her son, reversed the method of using the prescription, so as to give her twenty drops of the liniment, while rubbing was vigorously carried on with the iodide and aconite.

Seeing her in a few days, I found her entirely well; and although enthusiastic in praises of the "hartshorn" she had been taking, she nevertheless pronounced it to be the "most abominable stuff she had ever tasted." On enquiry I found that her improvement began soon after taking the first dose. Only three doses were taken that day, and one the next.

I was too wise to explain that there



had been any mistake, but *per contra*, profiting by it, I have since used the aqua ammonia in a few suitable cases of rheumatism, and so far, with most flattering success.

In conclusion, I would suggest that the remedy is worthy of a trial; and I do not doubt but that others will meet with equal success in its employment.

### THE TREATMENT OF WOUNDS.

By SAMSON GAMGEE, Esq., F. R. S., Edin., Surgeon to the Queen's Hospital, Birmingham.

[We generally learn most about principles of treatment from the simplest cases. A "little old gentleman" consulted Mr. Gamgee on account of a cystic tumor about the size of a hen's egg, in the right temporal region.]

The skin was very red, tense, and painful, and the hat, though a very soft one, was worn with much difficulty. After transfixing the growth vertically through the base, and peeling out the two halves of the cyst, with its bread-sauce-like contents, I dried the interior of the wound with a fine sponge. The edges were then very accurately approximated, and kept so with a few strips of lint soaked in styptic colloid. A few turns of bandage completed the dressing. When I removed it, at the end of five days, there was not a drop of discharge, adhesion was perfect, and afforded a simple but complete illustration of the surgeon's first intention in treating wounds—to secure direct union. All that is visible of the cicatrix is a very fine, pinkish line, extending upwards about two inches from the right ear.

Please to note—firstly, that the wound was thoroughly dried with a fine sponge; secondly, styptic colloid was used to keep the edges in contact; thirdly, the parts were not disturbed until the fifth day, when union was complete and solid.

Drenching wounds with water during an operation, and washing them with it afterwards, are mistakes. Water favors decomposition, which is the enemy of healing action.

The styptic colloid, used to keep the

edges of the wounds together, is the admirable preparation introduced in 1867 by my friend Dr. B. W. Richardson. (Styptic colloid, as prepared after the instructions of Dr. Richardson, by Messrs. Robbiins & Co., of Oxford street, is produced by saturating ether entirely with tannin and a colloidal substance, xyloidine, or gun-cotton, a little tincture of benzoin being finally admixed.) In removing the styptic colloid dressing, common water should be scrupulously avoided, and a mixture of alcohol and ether employed, or equal parts of absolute alcohol and distilled water, warmed to a little above the heat of the body.

It has been noted that the dressing was not touched for five days after the operation. Once divided parts—be they hard or soft, bones or muscles, skin or nerves—are adjusted with a view to union, the less they are disturbed the better.

A case illustrating the same principles, though on a somewhat larger scale, is that of C. H., aged forty-three, who was lately in Ward 5, whose right breast I removed on the 20th of May, with a small hard gland from the corresponding axilla. Of the operation, it only need be said that, according to my usual practice, I cut down upon the sternal origin of the great pectoral and dissected it clean, so as to make sure of thorough removal of the diseased mass. I am convinced that many so-called rapid recurrences of cancer are only growths of pieces left behind, and that *thoroughness* is the very essence of success in extirpation of malignant growths. After removal of the breast, the edges of the wound were neatly brought together by numerous points of silver suture, and dressed with a layer of fine cotton wool, and over it picked oakum. An evenly compressing bandage was then applied around the chest, and made to include the arm and hand in the flexed position so as to fix them immovably to the side. The first night the temperature rose to 101.3°, but it never rose afterwards above 100°.

The wound was first dressed at the end of the fifth day after the operation. A great part of it being healed by the first intention, a large number of the sutures were removed; and strips of adhesive plaster applied so as to keep the edges in apposition; a pledget of oakum with a compressing bandage completed the dressing. On June 1st, the remaining sutures were removed. The wound was then nearly all healed, and the same dressing applied. On June 3d (fourteenth day after the operation), the entry on the card is, "Patient dressed (as before), and sent home well."

The points in this case to which I wish to direct your attention are—(a) the numerous sutures; (b) the cotton wool and picked oakum dressing; (c) the compressing bandage; (d) the rare dressing.

Metallic sutures so very rarely cause any irritation, that they may be inserted very near each other with impunity. Sutures far apart, with gaping intervals, are comparatively useless. If the cut surfaces are to adhere they must be brought into contact and kept there, and for this purpose metallic sutures, half an inch apart, or even less, are most efficacious. I often apply intervening strips of lint soaked in styptic colloid, but in this case only placed over the wound a layer of fine cotton wool, and a pledget of picked oakum. The best cotton wool for surgical dressings is that sold for jewelers in thin sheets, about eighteen inches by twelve, with alternate layers of tissue-paper. You will often see claims of priority for cotton wool dressing. I do not pretend to say who first introduced it, but the credit of generalizing its application in the treatment of a great variety of surgical injuries chiefly belongs to Burggraave, of Ghent.

It has been recorded that the breast case was only dressed three times, in the fortnight which elapsed between the operation and the patient's discharge, in accordance with the principle of infrequent dressing, of the minimum of disturbance to insure the maximum of rest,

dwelt upon in the preceding case, and equally borne out by those to be presently brought to your notice. To the same end the smoothly and lightly compressing bandage round the chest very powerfully contributed. Of all surgical agencies, none so beneficent as compression, none requiring more delicate manipulation, none so inadequately appreciated. Under a smooth and uniformly, while lightly-compressing bandage, extravasations of blood are absorbed, the healing action is promoted, and a soothing influence is exercised. There must be no constriction—only equable adaptation of surface to surface with the light pressure, which always comforts. There must be no squeezing like that of an old college friend's hand when seen after long absence; such pressure as that, if continued, is intolerable constriction. The soothing surgical pressure is like that which you interchange with the hand of a lady, the pleasure of whose meeting is tempered by the respectful regard which she inspires. Your hand adapts itself to hers, and gently presses it wherever it can touch it, but nowhere squeezes it for fear of offending. Such pressure as that, when employed by the surgeon in the treatment of injuries, always soothes and heals.

To apply a nicely compressing bandage well, you must practice hundreds and hundreds of times, bearing in mind that in surgical, as in all art, the greatest results are often obtainable from the simplest means, provided they be employed with the skill which can only result from the most patient assiduity.—*Lancet*, Dec. 23, 1876, p. 885.—*Braithwaite*.

## FOREIGN BODIES IN THE EAR.

Dr. C. J. Blake, of Boston, in a paper read before the American Medical Association, said:

"Cases in which a foreign body is lodged in the external auditory canal call perhaps more than any other accidents affecting this part of the organ of

hearing for the exercise of patience and skill, the want of which often entails serious injury to the deeper seated and more delicate parts of the organ of hearing. Voltolini pithily says that the point of danger in the external auditory canal will do much less harm than injudicious attempts at its removal. The latter text-books decry any attempts made for the removal of foreign bodies from the ear that are not made with a full knowledge of the structure and relations of the parts of the ear in question, of the character and location of the foreign body, and of the various methods which may be employed for its removal. The paper here contains a brief review of the topography of the external ear. No attempt at removal should be made without proper and sufficient illumination of the parts. The body of the membrana tympani is formed by two layers of fibrous tissue, the fibres of which are so arranged as to give it great strength and elasticity, but not sufficient strength to justify its use as a point of resistance in the attempt at instrumental removal of a foreign body which may be lodged against it.

"Cases have come under the author's observation in which, for the want of an observance of these precautions, the membrana tympani had been ruptured, and the malleus torn away. In the majority of cases, even including those in which the foreign body may be firmly impacted, the removal may be effected with little or no pain to the patient, the force used being expended upon the entire surface of the foreign body without using the walls of the canal or the membrana tympani as points of resistance, or indirectly upon the inner surface of the foreign body. Pain, as a rule, implies injury, which might be avoided by patient and delicate manipulation. Slight injury may entail serious consequences to the health of the patient. Since bodies which find their way into the ear vary, the means employed for their removal must therefore vary, and the choice will depend upon the judgment

of the surgeon and the means at his command.

"The cases which present the greatest difficulties are those of hard bodies, such as stones, beads, buttons, and the like bodies liable to expand by the absorption of moisture, such as beans and peas and impacted masses of epidermis, which resent the action of water and offer no hold for the forceps or hook

"Out of 2,374 cases examined during the past year, in the aural clinic of the Massachusetts Charitable Eye and Ear Infirmary, there were thirty cases of foreign bodies; of this number fourteen were cases in which a bean, pea, kernel of corn, or similar substance, had been pushed into the ear. In six cases insects were removed; and in one case the living larvæ of the common blow-fly. In one of the common cases, a bean had remained ten weeks without causing irritation; in another, a small bean had been pushed into the middle-ear in consequence of a previous attempt at its extraction. In the majority of the cases the foreign body was removed by means of syringing with warm water, which possesses the advantage of permitting the application of the maximum of force with the minimum of danger, the force moreover being applied without the foreign body. The object to be accomplished in the use of the syringe is to establish a body of water between the foreign body and the membrana tympani, connected by a slender column of water between the foreign body and the wall of the canal with the column of water in the syringe, furnishing in this manner the elements of a hydraulic press.

"Among the most simple procedures, that of Dr. Lowenberg, of Paris, may sometimes prove useful. This consists in the application of a camel's-hair pencil, dipped in joiner's glue, to the foreign body, which should first be carefully dried by wiping with absorbing cotton. The glue is allowed to set, and the removal then effected."—*Chicago Med. Journal and Examiner.*

## CASE OF TRAUMATIC TETANUS —RECOVERY.

READ BEFORE MEDICAL SOCIETY, COUNTY  
KINGS, N. Y., BY G. A. EVANS, M.D.

Mr. Jenkins, aged thirty-five, born in England, married, machinist by occupation, well developed, and has always enjoyed good health.

On Aug. 7th, 1876, while adjusting some heavy machinery, he accidentally received a deep puncture in the outer side of the middle third of his right leg, from a shaft of steel which tapered abruptly and irregularly to a point. Its extraction by a fellow-workman was followed by a protrusion of fat and muscle, together with profuse hemorrhage.

Aug. 23d: Patient consulted me about pain in his epigastrium, stiffness of the muscles of mastication and deglutition, and general lassitude. I ordered him to take two scruples of the bromide of potassium every hour for eight doses, and applied about twenty small blisters along his spine with cantharidal colloidion.

Aug. 26th: Called to see patient, accompanied by Dr. J. H. Hunt. The wound was in good granulating condition, general muscular rigidity had permanently established itself, clonic spasms occasionally occur, the pharyngeal and respiratory muscles are but slightly affected, intellect clear, patient rational and very cheerful. I ordered him to take twenty two minim doses of the tincture of cannabis indica every hour (equal to one grain of the purified extract.)

Aug. 27th: No change in his condition.

Aug. 28th: Patient the same; dose of cannabis indica increased to thirty minims.

Aug. 29th: Patient's condition remains unchanged. Up to this date he was been able to get an occasional nap.

The appetite has remained good, notwithstanding his inability to take other than a liquid food, and through a tube. He knows the gravity of his situation,

but feels confident of recovery. I discontinued giving him cannabis indica, and decided to try the nitrite of amyl, which I ordered to be taken on sugar in five minim doses every three hours until my return.

Aug. 30th: I was informed that "after he had taken the first dose, clonic spasms, which, up to this time, had occasioned comparatively no discomfort, developed to an alarming extent." Tonic rigidity has become more marked, the characteristic sardonic expression has appeared to a noticeable degree, the ability to sleep has disappeared, and his previous good appetite has given way to a distressing nausea. Considering this affection among the opprobria of medical art, I determined to give the nitrite of amyl still further trial. Accordingly, I ordered ten minims to be given every third hour.

I saw the patient again in the evening, and finding him rapidly sinking, I gave an experimental dose of twenty minims of the nitrite of amyl on sugar, as a last trial, for the exposure of its much-vaunted efficacy in this affection, and watched for the result.

As far as this case was concerned, the drug not only proved itself useless to benefit, but demonstrated its ability to hasten a fatal termination by its increasing tonic and clonic contractions, both in force and frequency. Opisthotonos disappeared, only to give place to emprosthotonos. So violent were the paroxysms, that it was impossible to confine him to any given part of the room. Vomiting and the involuntary passage of fecal matter contributed to his general torment; spasmodic respiration occasioned a marked degree of cyanosis of the face and neck. The relation between cause and effect was so apparent to the relatives, that they protested against my further using the drug. I abandoned its further administration, convinced that I had taken away my patient's chances (slight as I considered them) of recovery. The tincture of cannabis indica was ordered to be given him in thirty minim doses every hour

Aug. 31st: Patient improved in every respect. He has had seven hours' unbroken sleep, the appetite has returned, opisthotonos and emprosthotonos have almost entirely disappeared, clonic spasms still persist, but are less in force and frequency. Tincture cannabis indica, forty minims every hour.

Sept. 1st: Improvement continues.

Sept. 2d: Tetanic spasms increasing in force and frequency, opisthotonos again developing, appetite disappearing; patient has had no sleep since yesterday. An examination of the bottle in which the medicine was kept revealed "that the cannabis indica had precipitated on its sides." A fresh supply was ordered.

Sept. 3d: Patient still continues to grow worse. Every muscle seems to be affected with clonic spasms; general tonic rigidity has endured since the beginning, but does not disturb him except in mastication, deglutition and respiration; he has had no sleep since day before yesterday, and has eaten nothing. Another examination of the medicine proved that the cannabis indica has again precipitated from the syrup with which it had been prescribed. The pure tincture was ordered to be given in forty minim doses every hour.

Sept. 3d, evening: Appetite has returned, patient takes food ravenously; he has had two hours' sleep and is quite cheerful; otherwise his condition is much the same as it was this morning. Dose of tincture cannabis indica increased to sixty-six minims every hour.

Sept. 4th: Appetite good, patient cheerful; has had three hours' sleep; clonic spasms still continue, but not so severe. Tincture cannabis indica, eighty-eight minims every hour.

Sept. 4th, evening: Dr. H. F. Williams called with me. Clonic spasms much less in force than they were this morning, appetite good, patient cheerful; has had four hours' sleep. Tincture cannabis indica, ninety minims every hour.

Sept. 5th: Contractions, tonic and clonic, much milder, appetite ravenous; slept six hours. Tincture cannabis

indica, one hundred minims every hour.

Sept. 6th: Improvement continues. The muscles of respiration cease to be affected. Patient is able to move his legs without provoking spasms. Tincture cannabis indica, one hundred and twenty-two minims every hour.

Sept. 7th: Improved in every respect. Patient is acting very silly this morning, and is inclined to be witty at his own expense. Tincture cannabis indica was ordered to be taken in one hundred and thirty-two minim doses every hour (equal to 6 grs. of purified solid extract), in order to produce, if possible, that dreamy ecstasy so often described in the text-books.

Sept. 8th: Patient complains of nothing except the inability to satisfy his appetite. His principal occupation since I saw him yesterday has been to tell silly and extravagant stories about himself. Tonic rigidity is present to a slight extent only, clonic spasms have disappeared. Tincture cannabis indica, sixty minims every hour.

Sept. 9th: During the night patient experienced some severe clonic spasms of the muscles of the back. The nurse on her own responsibility increased the dose of the tincture to ninety minims, after which the spasms ceased to occur.

Sept. 11th: Patient sitting up. The wound has entirely healed by granulation. The tincture cannabis indica was given in ninety minim doses for a few days, when it was discontinued altogether.

#### POST PARTUM HEMORRHAGE.

By J. MORRISON, M.D., A.M., Member of the Council and Examiner on Chemistry in the College of Physicians and Surgeons, of Ontario.

*Treatment*—In a matter of so serious a nature and of such an alarming character, the principles of treatment cannot be too well understood by the practitioner; hence the propriety of frequently calling the attention of the younger members of our profession, especially, to so important a subject. If the pla-

centa has been removed, or if it is partially adherent to the uterus, and the organ in a state of inertia, introduce the hand into the womb and with the back of the fingers make firm and uniform pressure against the bleeding vessels, and with the other hand make counter pressure on the abdomen by friction or kneading. If the organ does not immediately contract, without a moment's delay, dash cold water suddenly on the abdomen, and repeat, should it be necessary. As soon as contraction is felt, the placenta, if not previously delivered, may be grasped with the hand until both are expelled, friction and kneading being applied externally in the meantime. If a portion of the placenta is retained, it must be removed as soon as possible by introducing the hand, if necessary, except when syncope has occurred with the formation of a clot. In such a case complete reaction must be allowed to take place before attempting to remove it. These are the heroic but common sense measures on which we must depend in desperate cases, when it would be all but useless to place our dependence on remedies administered by the mouth. Much benefit may, however, be derived from the patient swallowing small pieces of ice, which by their action on the sympathetic system of nerves often bring on instantaneous contraction. In the external application of cold as a remedy in uterine hemorrhage, we must bear in mind that when it is too long applied it becomes an in-exciter, and is also liable to bring on great prostration and coldness of the extremities. Warmth must then be applied, and some gentle stimulants, such as a little brandy and water, administered, an alternation of heat and cold being in fact one of the most powerful excitors of the spinal cord.

In perilous cases of hemorrhage, however, cold will very seldom have to be applied long enough to lose its effect as an excitor of the uterine nerves, and, therefore, the alternation of heat and cold will be rarely called for.

The position of the patient is also im-

portant. The pillows should be removed from under the head, and the hips elevated by raising the foot of the bed. Perfect quiet should also be enjoined—a measure not always attainable under such circumstances. Besides the remedies just mentioned—viz: cold and pressure—there are several others which, though not so prompt and immediate in their action, must not be overlooked. Of these ergot and oil of erigeron canadense hold the first place. One or the other of these medicines should be administered as soon as practicable after the birth of the child, as auxiliary means, and indeed profuse hemorrhage may, perhaps, be always warded off by their timely administration. Ergot has lately been proved to owe its virtues to phosphoric acid, and, it is said, on respectable authority, that the acid alone will accomplish the same results.

The other remedy, viz: the oil of erigeron, is more certain than ergot, and has a far wider range of application, it being one of the most valuable remedies we possess in secondary hemorrhage and menorrhagia.

Entire dependence should never be placed on either ergot or oil of erigeron, as they are by no means instantaneous in their action. They require from five to twenty minutes before their effects become manifest, and in this time either death would ensue or the patient's life be seriously jeopardized. As auxiliary means, however, they are most valuable, and should never be omitted. Both of these remedies will be found more efficacious when administered along with a few drops of tincture of capsicum, or in its absence with a little brandy. In secondary hemorrhage, and, indeed, in all hemorrhages from the uterus, our main reliance may be placed on the oil of erigeron. This is one of the remedies peculiar to our school of medicine, and if we had added no other remedy to the armamentum of the physician, we would have deserved the everlasting gratitude of our race for having enriched the materia medica with a remedy which

has no superior in this class of hemorrhages. Notwithstanding its well known power to control both hemorrhage and diarrhoea, it has not come into general use among all classes of practitioners, but like quinia, veratrum viride, and others, it will require about half a century before physicians of all schools will appreciate and acknowledge its virtues. Gossypium is another remedy which is said to possess considerable power in promoting uterine contraction, but from the difficulty in procuring a good preparation from the recent root, it is doubtful whether it will ever take the place of more efficient remedies.

With regard to the injection of astringents and other irritating substances into the uterus in such cases, they will be found to be pernicious in their tendency and uncertain in their action. Electricity, too, though highly lauded by some authorities, cannot be readily applied, owing to the apparatus being rarely at hand, and even if it were, death would occur before it could be applied.

Another remedy which is still in use in some quarters, and is indeed a favorite remedy with those who persist in remaining behind the age—the tampon—deserves to be only mentioned that it may be condemned. It can exercise no power in contracting the uterus, the primary object in view, but, on the contrary, rather retards contraction by preventing the flow of blood through the vagina, and thus converts an external hemorrhage into an internal one, thereby deceiving the practitioner and most certainly destroying the patient.

After the hemorrhage has been controlled, if the patient has lost much blood, she will be found frequently pulseless and with cold extremities—in fact in a state of great prostration. Under such circumstances a little brandy, with or without tincture of opium, may be cautiously administered until the pulse returns and a general warmth to the extremities. These remedies may be also aided by applying warm flannels and bottles filled with warm water to the limbs. As soon as reaction is fully es-

tablished the stimulants must be withdrawn and the patient's strength sustained by such measures as the general circumstances of the case will indicate. For quieting the nervous system and mitigating the severity of after pains, there is nothing in the materia medica so efficacious as a decoction of scutellaria.

After profuse hemorrhage the patient will almost always complain of more or less headache and intolerance of light. Scutellaria will relieve these promptly.

### CASE OF MEMBRANOUS CROUP —NEW METHOD OF TREATMENT—RECOVERY.

BY ALEXANDER FULTON, M.D., OF CONSHOCKEN, PA.

On the evening of the 22d of last month I was called in great haste to see a child of W. L. Found, complaint membranous croup, of which the child was apparently dying; skin cold and clammy; pulse rapid and thready; face pallid; eyes sunken, half open and fixed, and the breathing very difficult, with that crowing noise so peculiar to the affection; suffocation seemingly imminent.

Having had a number of cases of this terrible disease, all of which proved fatal, notwithstanding careful treatment according to our text books, I determined putting into effect a new procedure, which I had contemplated doing in the very next case that presented itself, viz.: I introduced my little finger into the child's mouth, over the tongue, until the epiglottis was reached, then pushed it into the larynx, as I supposed, and still forward, whether between or beyond the vocal cords I do not know. Directly the child took violent fits of spasmodic coughing, followed immediately by the elimination of large mouthfuls of membranous exudation—very ropy—could be drawn like the white of an egg. The result was, the child on the very threshold of death, became animated; the complexion almost natural; the eyes that were half opened



and fixed, opened; and the breathing became less difficult. Relief was experienced until the next morning, when another paroxysm threatened. Again I went through the same procedure, followed by the same good result, and prescribed the following, as recommended by Dr. Thomas Drysdale in a former issue of the *Reporter*:

R. Pulv. potassæ chlor., dr.ij  
Syrup limon, f.oz.j  
Aqua, f.oz.ijj. M.  
Sig.—a teaspoonful every hour.

Convalescence ensued, with complete recovery.—*Medical and Surgical Reporter*.

### A RESPIRATORY BRACE.

Dr. Geo. F. French, of Portland, Me., has devised (*Boston Medical and Surgical Journal*) a very useful appliance for the relief of orthopnoea. It consists, as will be seen from the accompanying cuts

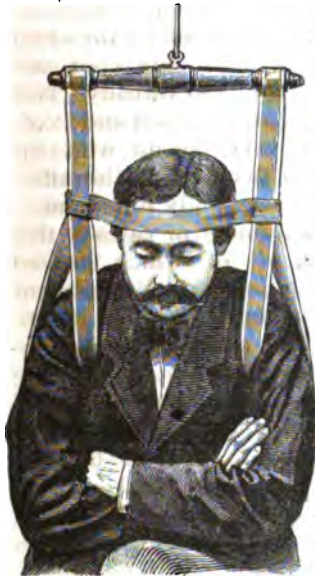


FIG. 1.

is suspended by a pulley or ring from the ceiling. Fig 1 represents a patient resting with the brace applied under the shoulders. Whenever, from the helplessness or weight of the patient, or from the tedious duration of the case, the circulation in the arm is impeded, the support should be afforded by the

(Figs. 1 and 2), of a cross-bar, from the extremities of which hang two loops of strong elastic webbing for the support of the shoulders. The broad band encircling the head is steadied by guys stretching across on both sides to the upright elastic supports. The

apparatus is

elbows, as in Fig. 2, in which the entire pressure comes upon the outside of the forearm. Usually, however, the degree of pressure under the arms requisite to sustain a person who is sitting is insufficient to interfere with the circulation. The utility of the apparatus can hardly be questioned. The thorax being slung as



FIG. 2.

it were by the arm-pits, and the head properly steadied, muscular fatigue is prevented, the voluntary and involuntary respiratory muscles have the best possible chance to act, and the patient is supported in an easy sitting position for sleep. Aside from this, the apparatus can be adapted to every case in which it is necessary to afford an effectual and comfortable sitting position and relieve the upper portion of the body from the weight of the shoulders and head.—*N. Y. Medical Record*.

### NOTE ON THE TREATMENT OF RUPTURE OF THE LIGAMENTUM PATELLÆ.

BY JOHN CHIENE, Esq., Assistant-Surgeon  
Edinburgh Royal Infirmary.

J. F., aged forty-four, was admitted to the Surgical Clinical Wards on the 8th of September, 1876. He limped into the hospital, complaining that something had given way in his right knee. He stated that, shortly before his admission, in going down a ladder his right foot caught on the last step, and that he fell forwards, his right leg bending under him. On examining the joint, the nature



of the accident was at once evident. The patella lay on the anterior surface of the femur above the condyles; there was a distinct gap between the patella and the tubercle of the tibia. The ligamentum patellæ could not be felt. The patient could not extend his leg.

*Treatment.*—An oblong piece of strong extension plaster, large enough to cover the anterior and lateral aspects of the thigh, was heated, and fixed in position by means of a roller bandage. It was shaped so as to embrace the patella, and to its distal corners, on either side of the knee-joint, two pieces of strong india-rubber tubing, eight inches in length, were attached by tapes. The limb was then laid on a posterior splint with foot-piece, and slung in the inclined position to a wire cradle. The india-rubber tubing was fastened by means of tapes to the footpiece, and tightened sufficiently to bring the patella to its normal position. The elasticity of the india-rubber relieved the feeling of rigidity, and its contractility counteracted any loosening of the apparatus due to stretching of the tapes or slipping of the plaster.

The patient was in bed eight weeks. The plaster required renewal once. He never had any uneasiness from the apparatus, and was discharged on the 4th of November with firm union. Measurement from the upper border of the patella to the tubercle of the tibia was four inches on both limbs. On the 3d of January, 1877, the patient was shown at the Medico-Chirurgical Society, with complete restoration of flexion and extension at the knee-joint. The measurement from the upper border of the patella to the tubercle of the tibia was now  $4\frac{1}{2}$  inches, slight stretching of the newly formed material having taken place since 4th November.

I have also used this simple method in a case of fracture of the patella with an equally satisfactory result, simply drawing the upper fragment down to the lower, and applying nothing to fix or push up the lower fragment.—*Edinburgh Medical Journal*, February, 1877, p. 708.

## ABSTRACTS AND GLEANINGS.

**MENOPAUSE.**—Wm. Pepper, M.D., in University of Pennsylvania Clinic, remarks: Ovulation fixes woman's place in the animal economy. With the act of menstruation is wound up the whole essential character of her system. At the "change of life" we recognize a transformation in woman's moral, emotional and sexual character. There is no period of life, except that of early childhood, in which such peculiar conditions arise.

Let us consider the symptoms in order.

I. *Hemorrhages.*—Some mode of establishing an equilibrium is necessitated upon the stoppage of the natural menstrual flow. The circulatory fluid is in excess and must find some vent, hence piles, copious epistaxis, hæmatemesis, and hæmoptysis as resultants.

II. *Dyspeptic Symptoms.*—These are very varied, troublesome and hard to relieve. Women at this time are apt to overeat themselves. The same amount of blood-making food is consumed, and less blood is needed. Therefore, we find (1) actual indigestion, or (2) plethora. There is, in the first case, marked predominance of gastric nervous symptoms, such as heartburn, gastralgia and acidity, headache, disturbed vision and pains over the body, paroxysms of neuralgia, it may be. Vomiting is not common. Reflex disturbances, such as fixed pains in the head, are usual. The tongue is large and flabby, the liver congested and inactive. The complexion and conjunctiva may be sallow. Eruptions, such as acne, and crops of pimples arise. The bowels are torpid, and so a chronic catarrh of the intestines may be set up. The second set of symptoms are connected—the assimilation of organic matter into the blood. It may add to the mass of the blood and develop plethora, or it may form a low grade of tissue and cause obesity. Such persons suffer from a great sense of fullness and pulsation. The vessels of the head and neck beat and throb, particularly on

bending down; there is giddiness and possibly confusion of mind and loss of memory. The pulse is full, hard, sounding and slow; the urine high colored, and contains an excess of organic matter. There may be oppression of the chest and fulness at the base of the brain. Polysarca comes on. The woman increases to double her former weight in the course of a few years.

III. *Moral and Emotional Changes.*—Women may become raving maniacs until the balance is restored. They grow nervous, fidgety, petulant, and hard to get on with. They indulge occasionally in the most peculiar and unnatural freaks.

IV. *Disturbances of Circulation.*—Palpitation and functional derangements are common. The pulse is frequent and irregular; there is often violent dyspnoea. No valvular murmur or hypertrophy exist.

V. Latent disposition to disease is exceedingly likely to be roused and become evident at this time. This is particularly the case with gout. The lithic acid diathesis is very common in this country, though gout is rare. The nitrogenous matters are only carried to the stage of uric or lithic acid, and these circulate in the blood, taking the form of calculi, and being deposited in the glands. All the conditions necessary to the uric acid diathesis are met with in the menopause. Such women are very likely to have gravel in the urine, thickenings about the joints, etc., etc. Other constitutional affections, such as cancer, phthisis, may also make their appearance now.

As regards diagnosis, it is only necessary to note the age of the patient, the menstrual irregularities, and the absence of any other cause for her disease.

The prognosis is generally favorable if the proper medicinal, moral, and hygienic treatment be employed. Otherwise softening of the brain, a permanently congested liver, diseases of the heart, and often incurable constitutional

affections, are the inevitable consequences.

As regards treatment. The diet must be restricted, and all stimulating foods avoided, though the patient may feel weak and indisposed to exertion. Alcohol, organic foods and fats are to be strictly forbidden. So, also, with butter, meat and fried food. What is eaten should be light and digestible. Moral suasion is of essential importance. Explain to the patient the change she is going through, and so gain her confidence. Exercise, fresh air, sunlight, gymnastic pursuits, bathing, and horseback riding are the chief hygienic indications. If the patient be feeble, with a tendency to tuberculous diathesis, be careful how you put her on an exhausting treatment. Where the liver is congested, occasional moderate doses of blue pills are of benefit—3-5 grains once every fourteen days. I have seen the most wonderful results obtained under this treatment, especially if there be an excess of lithic acid in the blood, as shown by the red brickdust sediment in the urine. Some patients cannot take blue pills without salivation, so never give more than two grains at a time, followed by a saline. If calomel is not borne, Epsom or Rochelle salts may be substituted. So some bitter waters may be drunk after breakfast. For the nervous symptoms the bromides are the best remedies. Assafoetida and valerian are also useful. I have had very excellent results from two-grain doses of the monobromide of camphor, taken every two hours until ten grains have been ingested. Dry cups, mustard plasters, and blisters are of value as local applications. The symptoms of circulatory disturbances are to be best combated with digitalis. If, however, there be marked plethora, with a heavy, driving pulse, aconite or veratrum viride may be employed. For the indigestion the diet should be carefully studied. Sometimes the alkalies and nervines are needed on account of the peculiar accompanying pains. The following formula is reliable:

R. Acid. hydrocyan dil.....gtt. i.  
 Sodæ bicarb.....gr. x.  
 Tinct. valeriani.....fl dr.  $\frac{1}{2}$   
 Zingiberis syrupi.....gtt. xl.  
 Aquæ.....fl. oz. iij.

S. In water, thrice daily.

Lithia, being a fixed alkali and good diuretic, is often employed with advantage. It has a tendency to eliminate the urates from the blood. The benzoate, carbonate or citrate of lithia are also employed. Where there is presumably a tendency to the development of some latent constitutional affection, it should, if possible, be anticipated and aborted.  
 —*Medical Record.*

**AMPUTATION OF THE ARM BY MEANS OF THE ELASTIC LIGATURE.** — In the *Lyon Medicale* this operation is recorded as performed by Prof. O. G. Silvestri, of Vicenza. Surgeons naturally hesitate to perform resection or amputation in cases of white swelling of the knee or elbow. The process not being arrested on account of inadequate remedial measures, the patient loses strength, and becomes extremely emaciated; it is at this period of the disease that the operation is usually performed, though the general condition of the patient would almost contraindicate any active interference.

Silvestri, who first introduced the elastic compression known under the name of "Esmarch's method," has proposed the employment of the elastic ligature in the above cases, and has published a case in which the result was most gratifying. It was that of a young man, twenty-two years old, of a scrofulous constitution, who for six months had suffered from caries of the sixth, seventh, eighth and ninth ribs, in their convexities; there was complete caries of the left elbow-joint, and the right hand was threatened with the same condition. There were high fever, colliquative sweats, and diarrhœa, which would yield to no treatment; absolute anorexia, intense pains in the elbow, and extreme emaciation. Though the condition of the elbow-joint indicated an opera-

tion, the feebleness of the patient contraindicated it. But, as the patient was urgent to have something done, Silvestri, with the consent of his colleagues, resolved to apply the elastic ligature.

On the 8th of May, 1874, accordingly, the patient's arm, below the insertion of the deltoid, was enveloped with a gum-elastic band, about two millimetres in diameter, and covered with silk thread. Twenty turns of the band were made, the latter being always kept in its greatest extension, and the two ends were tied with a silk band. The patient received seven and a half grammes of chloral, which produced sleep. No pain was experienced. The pressure exercised, calculated according to the elasticity of the band, was equal to twenty one killogrammes at each point, consequently forty-two killogrammes for the whole diameter. The pulse, at time of operation, was 100; five hours after, 112; and six hours after, 100. There was no fever on the following day; the sweats and diarrhœa ceased, and the appetite returned. Milk diet was ordered, under which the patient soon began to gain flesh.

Gradually the bands penetrated the soft tissues, and at the same time lost their parallelism. The circumference of the arm, where the bands were applied, was eighteen centimetres at the time of operation; four days after, it was eleven centimetres; six days after, ten and a half centimetres, and ten centimetres on the 26th of May. On the evening of May 29th, it was found to be nine and one-quarter centimetres, and on June 3d it was reduced to eight centimetres.

On June 18th the arms and bands fell off spontaneously, the process having lasted forty days. The stump, in its upper portion, had cicatrized. The remaining portion was dressed with dry lint. The further course of the case was favorable.

The author draws the following conclusions:

1. The compression exercised intercepts all communication between the

limb and the rest of the body; the morbid material from the seat of the disease cannot, therefore, enter the circulation; furthermore, drainage from the morbid *foyer* ceases:

2. There is no loss of blood.
3. Cicatrization takes place slowly, and the patient bears it easily.
4. The patient's forces are economized.

The author does not hesitate to employ this method in all those cases where the general condition of the patient offers no prospect of success to the performance of a bloody operation.—*N. Y. Medical Journal*.

VALUE OF SMALL DOSES OF MEDICINE FREQUENTLY REPEATED.—We cull from the *Medical Record* the following practical items, from a paper read before the New York *Medical Journal Association*, by Dr. Henry Dessau:

VOMITING IN CHILDREN.—In the treatment of vomiting in children, whether due to stomach and intestinal disorder, or as a complication of pneumonia, following the recommendation of Ringer, I have found the administration of drop doses of the wine of ipecac, repeated every hour, act with the greatest success in checking the vomiting. It also appears to exert a curative effect upon the diarrhoea of children when attended with vomiting, especially that form where the stools resemble those of dysentery. But the vomiting is the symptom that is most markedly benefited. I recall the case of a little patient at the New York Foundling Asylum, suffering from a severe attack of croupous pneumonia, where the stomach was so irritable for the first two days of the attack that not even a spoonful of toast-water would remain. This condition, of course, prevented the retention of any remedies, but after the first dose of a drop of wine of ipecac given in toast-water, the nurse reported that the vomiting entirely ceased and did not return. The remedy was, however, continued for two days longer. Frequently, where other remedies would not be retained in the vomit-

ing of children suffering from acute gastro-intestinal catarrh, the drop dose of wine of ipecac, given in toast-water or the mother's milk, would remain and quiet the stomach to receive other remedies, and, most important of all, the mother's milk.

VOMITING AFTER DEBAUCH.—In the vomiting sometimes following a debauch, especially in women, of which I have seen several severe cases, drop doses of Fowler's solution of arsenic, hourly repeated, appeared to act like a charm. This remedy is also highly recommended by Ringer in the morning vomiting of drunkards, where this symptom is indicative of a chronic affection of the gastric mucous membrane. Here the dose is not so frequently repeated, however, a drop of the solution given three times daily, before meals, being sufficiently often. Where there is a disgust for food, in addition to the morning vomiting, in these cases of chronic alcoholism, I have used a combination of a drop of Fowler's solution of arsenic and from three to five drops of tincture of capsicum, given before meals three times daily, with good success.

VOMITING IN PHTHISIS.—In the vomiting which often complicates phthisis pulmonalis and its allied affection, chronic bronchitis, independent of that brought on by the cough, it is of the utmost importance to be possessed of a reliable remedy to check it. The power of the stomach to retain its contents is here the only hope of any chance to strengthen and build up the general system, and so enable it to resist the encroachments of the disease-action. Moreover, the frequent attacks of vomiting tend to exhaust and weaken an already feeble organism, and to hasten dissolution. It is almost astonishing to observe with what happy success small doses of alum, say from three to five grains, given in solution with some aromatic water, as cinnamon for instance, acts here.

BRONCHITIS OF CHILDREN.—There is a form of bronchitis seen amongst children, where a large number of coarse

mucous rales produce loud wheezing with an asthmatic quality of cough. The wheezing is the symptom that the mother is more likely to complain of, and together with the cough, is most intense at night, both almost entirely disappearing during the day. Such cases very readily yield in my practice under the use of tartar emetic, given in solution in the proportion of a grain to the pint of water. Of this solution a teaspoonful is given every one or two hours, with the best results, sometimes, according to Ringer, relieving the noisy wheezing after one or two doses.

Often in children we find a catarrh of the bronchial and intestinal mucous membranes, either coexisting or alternating with each other. When such a condition persists after the employment of the ordinary household remedies, tartar emetic, in the same doses of the solution just before mentioned, hourly repeated, will check both catarrhs without the use of further treatment. This plan is, at least, an advantage over the usual one of prescribing separately for the cough and diarrhoea. I am indebted to Ringer for the suggestions of the foregoing treatments.

#### ALIMENTATION OF INFANTS WHILE SUFFERING FROM INTESTINAL CATARRH.—

Prof. Demme, of Bern, believes that cow's or goat's milk should not be given at all to infants who are suffering from intestinal catarrh. It appears in the passages in the form of coagulated, undigested masses. The affection prevents the formation or the normal action of the gastric ferment, and the milk, in traversing the digestive canal, acts as a foreign body, which irritates the mucous membrane, undergoes a putrid fermentation, and causes the continued formation of watery, putrid discharges. As a rule, human milk does not exert these unpleasant effects. Condensed milk is less injurious than cow's milk, although the large quantity of sugar it contains favors fermentation and decomposition. In the Hospital Jenner, infants affected

with acute intestinal catarrh are nourished in the following way:

Twice a day from a quarter of a pound to a pound of beef is deprived of fat, cut up into fine pieces, infused for an hour in a quart and a half of cold water, and then boiled down to a quarter of its previous bulk; it is then set aside for a while, the fat skimmed off, and the remainder filtered and set aside to cool completely. It is given cold, in small quantities, every two or three hours, and mixed with barley or rice water, which should be prepared first each time by boiling a small quantity of rice or barley in water for a few minutes. When the children are very thirsty, the rice or barley water is given in the intervals without sugar. When they refuse to take the water and bouillon, Professor Demme resorts at once to albuminous water. This is prepared by beating up the whites of one or two eggs, and then adding water in small quantities at a time, while the mixture is being gently stirred. In this way a well mixed fluid is obtained, which is mucilaginous and tasteless, and is readily taken by the children. For infants from one to ten weeks of age, Prof. Demme orders for the bouillon from a quarter to a half pound of meat per diem. One, two or three whites of eggs, according to the age of the patient, suffice for from half a pint to a pint and a half of water, which quantity may be administered daily. When the patients begin to lose strength, he gives from five to thirty drops of the purest cognac from three to five times a day. When, in the cases of older children, it is deemed advisable to continue the use of milk, it is diluted with rice or barley water. He has given up the use of grated raw meat in acute intestinal catarrh of infants.

With regard to medicinal treatment, Prof. Demme has found that the profuse serous diarrhoeas yield readily to very small doses of calomel (gr. 1-20 to 1-10) and opium (gr. 1-100 to 1-35) every two or three hours. Sometimes has had recourse with advantage to nitrate of silver, with glycerine and a small quan-

tity of opium. He leaves out the opium when possible, because it lessens the strength of the patients. He believes that tannin, bismuth, the vegetable astringents, etc., only irritate the mucous membrane and prolong the affection. The above plan of nourishment is as applicable for the chronic as for the acute form of intestinal catarrh. In the former, Mr. Demme has found the continued use of albuminous water and cognac to be especially valuable.—*Gazette Obstetricale*, April 5, 1877.

**DOSE AND MODE OF ADMINISTERING NITRATE OF SILVER.**—Many years since I began to administer this remedy, giving a grain in an ounce of pure water in the morning before breakfast, for chronic inflammation of the stomach and bowels. I have continued it with the most gratifying results in dyspepsia, with its various morbid symptoms. As I don't weigh it any longer, I have given, no doubt, one and a half grains per dose at times; I have weighed five grains and divided it into four doses, often. I find it sometimes vomits, sometimes purges actively, and sometimes produced no decided sensation. But it is the best alterative and tonic to the mucous membranes of the stomach and bowels I have ever tried. I give it alone for that. I generally give a dose every other morning, until two, three or four doses have been taken. I always put it up in blue paper, to be dissolved in four tablespoonsfuls of rain water, when used, and drank on an empty stomach before breakfast, always. In this way and for this purpose I use a great deal, with results highly gratifying to my patients as well as myself.

I have been induced to give this, my experience in the use of nitrate of silver, from noticing several articles on the subject in the *Reporter*. I have acquired quite a reputation for curing epilepsy. I give nitrate of silver (with other remedies) simply to restore the mucous membranes of the stomach and bowels to a healthy condition. I never continue it long; seldom give more than four to

six or eight doses; when I give more than four, I leave considerable interval between the first and second course. I don't depend upon that article alone in the treatment of epilepsy.—*D. W. Foster in Med. and Surg. Reporter*.

[It should be borne in mind that this remedy will discolor the skin if long continued.—*Ed.*]

**AUTUMNAL DIARRHEA.**—The season is approaching during which the common autumnal or summer diarrhea is one of the most common complaints for which the physician has to prescribe. As most physicians are aware that a vast amount of it is caused and kept in action by an acid state of the stomach and indigestion, and that laxatives and antacids will generally control it, I present the simple and inexpensive form which I have employed for the last five years with entire success. It will sometimes, though rarely, be necessary to employ a little hydrarg. cum creta or quinine in connection with it.

R Pulv. rhei.....	}	aa gr. xl;
Magnesia.....		
Sodii bicarb.....		
Sacchari alb....	...	oz. ij;
Ol. anisi.....		gtt. xl;
Aqua.....		fl.oz. viij;
Tinct. opii camph		fl.oz. ss.

Drop the oil of anise on the sugar in a mortar, add the powders, and mix gradually; add the water, pour all into a bottle, and add the paregoric. Shake well before using.

Dose for infant, one half teaspoonful; one to two years old, one teaspoonful; two to ten years old, two teaspoonsful; adults one or two tablespoonsful, from three to six hours apart. If it should be necessary to use an astringent, as dry chalk,

R Creta<sup>3</sup> prep..... oz. j;

Pulv. kino..... dr. j; M.

may be prescribed in doses sufficient to produce the desired effect.

This will be all that will be required in most cases of our fall diarrheas, especially among children, and it has the

advantage of being easily prepared and pleasant to take.—*Dr. W. McWilliams, in Ohio Med. Recorder.*

**USES OF HYDRATE OF CHLORAL.**—*Dr. J. A. Larrabee, (Va. Med. Monthly)* says: I have found chloral hydrate, in strong solution, to be the most agreeable disinfectant and reliable antiseptic. Administered in febrile conditions it is an apyretic of no mean value; and applied locally in union with camphor or in strong solution, it is a descutient, anodyne, and alterative of great power. It forms the best application for injection into suppurating sinuses, as in the hip, long muscles of the back, etc., cleansing and healing rapidly these fistulous tracts and promoting the rapid healing of superficial ulcerations.

It will arrest the formation of *furuncles*, *carbuncles*, and cause rapid resolution of indolent swellings. A number of children were selected suffering from most offensive *ozæna* and strumous sores. In less than a week all fetor ceased and recovery followed the use of a mild solution with the nasal syringe.

The most wonderful result was obtained in a lot of children suffering from scorbutic gums. Six of the worst cases were selected; in some of them, the gums were sloughing, and all presented a frightful appearance. The local use of chloral hydrate in water as a wash cured these gums in eight days—sound and well—constitutional treatment being kept up during the mean time. It is necessary, however, to state that the same constitutional treatment had been kept up without benefit for a month previous. It has also been used, with great advantage in *ptyriasis copitis*.

**STRINGENT AND TONIC BATHS IN SUMMER COMPLAINT OF CHILDREN.**—*Dr. Wharton (Va. Med. Monthly)* says: Many a time, when the case seemed almost hopeless, have I seen the baths of oak and willow bark apparently snatch the patient from the very verge of the grave, and it is from an experience of its great value in such cases—an expe-

rience of thirty years—that I would emphasize their importance.

I do not undervalue the importance of medicine when I say that I have seen more good done in bad cases of summer complaint by the use of the baths than by all other means. During the present season I have seen some very bad cases relieved promptly, after the failure of well-directed treatment with the established remedies.

The baths are prepared by boiling oak and willow barks to a strong decoction. The patient is bathed in this decoction at a temperature of 80° F.—that is, tepid—as a warm bath is too relaxing, and he will not be able to bear a temperature cold enough to cause a shock. He must be kept in it from five to ten minutes, according to his strength and susceptibility, and it must be used twice a day in severe cases. The same water will be good for two days in the hottest weather.

**ARSENIC IN ALBUMENURIA.**—*Dr. T. Lauder Brunton* reports the case of a man who, for nine years, suffered from intermittent albuminuria, with debility, and at times loss of flesh. The albuminuria was worse in summer, was brought on by exertion in the morning, and by the use of meats and fats, and completely disappeared when a farinaceous diet was adhered to. The patient suffered much from acidity, especially in the morning. There was no œdema. The heart and lungs were healthy. No casts were found in the urine, but it was not very frequently examined for them. Quinine increased the albumenuria, and so did phosphorus. Digitalis caused it to diminish slightly, but the drug disagreed with the stomach, and had to be stopped. On account of its supposed action on the secreting structure of the kidney, Fowler's solution was finally ordered at meal times in three-minim doses. The albumen disappeared from the urine almost at once, and the patient was able to do much more work than before without bringing it back.—*The Practitioner, June, 1877.*

**A DARING THERAPEUTIST.**—At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as is used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a few hours. Dipping a sponge into boiling water, the Doctor squeezed it over his right wrist, producing a severe scald around his arm and some two inches in width. Then, despite the suffering it occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of soda, the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing. —*Med. and Surg. Journal.*

**REDUCTION OF HEAT IN TYPHOID FEVER.**—Dr. Kibbee (*Medical and Surgical Reporter*) states:—I have proven, to an absolute certainty, that the pouring of tepid water through a sheet, so folded that it will reach from the lower part of the hip to the axillæ, will, in a short time, two hours at most, reduce the highest fever heat to the normal standard, and hold it there for days, and even weeks, as in many cases of typhoid, which I have treated with invariable success, where the treatment began with the first exacerbation of the fever.

In my time I have had several calls to sit in council with my medical confreres who had treated their typhoid cases in the usual way almost up to the period of *articulo mortis*, a point past all hope from the use of any medicinal remedy known to the profession; and by simply

adopting the tepid pouring process, the fearful internal heat was reduced to the normal standard, and held there by continual pouring, and equalized by applying artificial warmth to the extremities.

**CHRONIC MALARIAL TOXEMIA.**—Having been a busy practitioner in the swamps of Louisiana for the last six years, where I have been called upon to prescribe for all the varied and masked forms of chronic malarial poisoning, I have found nothing so efficient and efficacious as an alterative and tonic, as well as a permanent curative agent, as the following prescription, which, if continued for a sufficient length of time, will do all that a combination of medicines can do in such cases; in fact, no case coming under my observation, during the past six years, has resisted this treatment, and am satisfied no one will be disappointed who will give it a thorough trial:

R. Pulv. sulph. ferri..... 4 drachms.  
Nitric acid..... 1 ounce.

Mix and stir in mortar till effervescence ceases then add:

Sulph. quinine ..... 4 drachms.  
Nitrate potass ..... 6 drachms.  
Aqua Q. S. to make..... 6 ounces.

8. Teaspoonful three times daily, after eating, well diluted in water.

Lake Charles, August 8th, 1877.

—*Brief.*

**SEXUAL HYGIENE.**—Professor Hartshorn, formerly Professor of Hygiene in the University of Pennsylvania, gives the following condensation of his views of sexual hygiene:

1. The action of the reproductive organs is not necessary to the individual; its purpose being the continuation of the species.

2. No harm results from inaction of the generative organs.

3. Sexuality is healthy and safe only in marriage.

4. The married state is, as a rule, rather more favorable to health than celibacy.

5. Abnormal sensuality is injurious in proportion to prematurity, deviation from nature, and frequency of indulgence.



6. Hygiene furnishes no justification for prostitution.—*Med. and Surg. Journal.*

**INFLUENCE OF ARTIFICIAL SUPPRESSION OF THE CUTANEOUS SECRETION.**—Sokoloff (*Virchow's Archiv.*) experimented upon some forty-six dogs and rabbits. These animals were painted with oil and other substances, the results being as follows: The temperature usually fell. The urine showed gray and hyaline cylinders, kidney-epithelium, and young cells by which its specific gravity was increased; albumen also appeared. In one case, dropsy occurred. Diarrhœa, loss of power in the heart, cramps, sopor, and, when the coating was extensive or complete, death, in periods varying from a few hours to several days. Post-mortem examination, congestion of the brain and membranes, as well as of most of the internal organs.—*The Drug. Cir. and Chem. Gaz.*

**INSOMNIA.**—A lecturer remarks that ordinary cases of insomnia may be divided into three classes—senile, toxic, and psychical. In the senile form of the affection the disorder depends upon degeneration of the cerebral arteries, and is difficult of cure; in the toxic, upon abuse of alcohol, tea or tobacco, and ceases upon the removal of the cause; in the psychical, it arises from continued and excessive mental strain, grief, anxiety, worry, etc., and is usually successfully treated by full doses of bromides, combined with tincture of ergot and cod-liver oil. If the insomnia be serious, it must be stopped at once by hypnotics, preferably by opium.—*Med. and Surg. Reporter.*

**BELLADONNA IN CONSTIPATION, THE RESULT OF PARALYSIS OF THE BOWELS.**—Dr. H. A. DuBois, of San Rafael, Cal., writes: "In a case of paralysis of the bowels, the result of apoplexy, where there had been no discharge for two weeks, and where croton oil and other powerful cathartics had failed, and in which the ascending colon only could be emptied by the rectal tube, small

doses—five drops three times a day—of the fluid extract of belladonna, continued for two days, enabled the tube to enter the transverse colon, and procured thorough action through the whole length of the canal. I was indebted to Dr. Taylor, U. S. Navy, for this suggestion."

**TREATMENT OF NASAL CATARRH.**—Dr. Hartmann, of Berlin, recommends the use of Politzer's method for distention of the middle ear, in the treatment of acute nasal catarrh. By the compression of the air in the nasal cavities, the collected secretions in the frontal sinuses and other cavities opening into the nasal fossæ, is forced out, and the pains and other disagreeable sensations in the head are thereby greatly relieved. In order to prevent any undesirable effects on the middle ear, the external auditory canals should be closed with the fingers, whereby a too forcible driving outwards of the drums is prevented.—*Memorabilien*, Heft 6, 1877.

**POST-PARTUM HEMORRHAGE.**—Dr. Brisbane (*London Lancet*) gives the following treatment: Nothing more is required than to carry a two-ounce bottle of ordinary tincture of the muriate of iron. A piece of sponge can always be obtained. This is compressed in the palm of the hand and the iron poured on it, and thus it is conveyed up the bleeding surface of the uterus, against which it is pressed and left *in situ*. The blood coagulates, the uterus contracts, and the patient is rescued from the most imminent danger. I have have at my next visit always found the sponge in the vagina, nor have I ever seen any bad effects follow.

**ANTISEPTIC VINEGAR.**—The following formula for antiseptic vinegar is given by M. Pennes:

Salicylic acid.....	300 grammes.
Acetate of alumina.....	300 "
Tincture of eucalyptus globulus.....	1,000 "
" verbena.....	900 "
" lavender.....	1,000 "
" benzoin.....	100 "
Acetic acid ("No.8").....	1,000 "

Mix thoroughly with the requisite pre-

cautions, shake frequently during two or three days, and filter. This vinegar may be used either pure or diluted as a lotion. Five litres injected into the carotid will preserve a cavader several months. In the form of spray it is recommended as an admirable disinfectant for the sick-room.

—*New Rem.*

**EXTRACTION OF FOREIGN BODIES FROM THE OESOPHAGUS IN CHILDREN.**—In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin states that in such cases he adopts a very simple measure with great success. It consists in laying the child flat on his belly, on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.—*Bull. de Therap., Medical Times and Gazette, April 14, 1877.*

**LASINSKI** recommends a powder made of dr.ss. salicylic acid, grs.xv. quinine, and grs.viii aa of sugar and bicarb. soda for pertussis. The whole quantity should be so divided that it would last ten days, using it twice daily. Each part should be blown into the throat with an insufflator. After each insufflation a certain degree of suffocation follows which soon passes by.

Under this treatment the writer had cured more than fifteen cases of pertussis convulsion, between the fifth and thirtieth day.—*Centralblatt.—Maryland Medical Journal.*

**PODOPHYLLIN IN THE TREATMENT OF HEPATIC COLIC.**—In a paper published a few months ago in *Lo Sperimentale*, Prof. Bufalini reported two cases of severe hepatic colic that were cured by the use of small daily doses of podophyllin. Prof. Bufalini ordered small doses of podophyllin (gr. one-sixth per diem), and both the hepatic colic and the intestinal catarrh rapidly disappeared. The use of podophyllin was continued for a year, and, during that time and the two years that have since elapsed, the colic did not return.—*Gazette des Hopitaux, July 7th.*

**COSMOLINE** is one of the products derived from petroleum after the more volatile portions have been removed by distillation. It has none of the odor or taste of the oil; it is semi-solid, and may be melted by heat. As it does not oxidize or become rancid, and is uniritating, it is an admirable vehicle with which to prepare ointments—far better than lard or any of the cerates. Or mixed with the ordinary officinal ointments it prevents them from changing or spoiling.

**IODOFORM IN EAR DISEASES.**—Dr. Rossett, of North Carolina, (in *Maryland Medical Journal*) calls attention to the excellent effects of iodoform in inflammation of the tympanum and eustachian tube, particularly where there is perforation. Cleanse the ear by injections of tepid water, then dry with pledgets of cotton on a probe, and apply the iodoform on a little mop in quantity sufficient to cover the tympanum or the internal diseased surface.

**CHLORAL—HOW PREPARED.**—Chloral was discovered more than thirty years ago by Liebig, but was not used medicinally until as late as 1869. It is produced by the action of chlorine on alcohol. Alcohol yields 5 eq. of its hydrogen to the chlorine, forming 5 eq. muriatic acid, and combining in their place with 3 eq. of chlorine, to form chloral.

**POISONING BY SALICYLIC ACID.**—A case of poisoning, resulting in death, is reported in a German journal, from four doses of salicylic acid, twelve grains each, given at intervals of an hour. The preparation used was old, and supposed to have undergone chemical change. The pure crystalline article should only be used.

**SULPHOPHENATE OF SODA.**—M. Brakenridge has employed this salt in scarlet fever in fifty cases, all of which were cured save three, who entered the hospital at too advanced a stage of the disease. The dose is from 15 to 25 grains.—*Lyon Medical*

**DIABETES.**—Salicylate of soda has been found useful in diabetes.

**TREATMENT OF BLENNORRHAGIC EPIDIDYMITIS WITH IODOFORM OINTMENT.**—Dr. Alvares, of Palma (Majorca), has treated four cases of epididymitis with iodoform ointment, and from his experience in these cases draws the following conclusions:

1. Iodoform calms the pain of blennorrhagic orchitis better than any other application; this result is obtained at the end of one or two hours.

2. Iodoform exerts a very manifest resolvent action, and has the advantage over the usually employed mercurial ointment, of causing no trouble when absorbed.

3. The iodoform treatment shortens very appreciably the duration of the orchitis, and prevents any consecutive induration of the organ.

4. It is necessary to employ an ointment containing, according to the intensity of the inflammation, from one to two grammes of iodoform to thirty grammes of lard.—*Le Bordeaux Medical* June 26th.

**ERGOTIN IN METRORRHAGIA.**—The *Philadelphia Medical Times*, May 12, translates two cases from *La France Medical*, March 31, of uterine hemorrhage cured by injections of ergotin into the subcutaneous cellular tissue of the arm. The solution was made by dissolving 15 or 20 grains of ergotin in a drachm of a mixture composed of water, glycerine, and alcohol. In the first case the quantity of ergotin given is not mentioned; in the second, 12 grains were given the first day, and 18 grains on the second, which put a stop to the hemorrhage. This, however, returned after an interval of ten days; the injections were repeated, and removed the trouble, which did not recur.

**IDROSIS.**—Dr. A. L. Sweet, of Long Island, writes: I have never noticed, in the medical journals which have come under my observation, anything in regard to the use of the juniper tar soap in excessive sweating of the feet. If it is not generally known, it may be of interest to state that I have found

nothing comparable to the above named remedy for this distressing and frequently disgusting affection. I use that prepared by Caswell & Hazard, and have recently completely relieved the worst case I ever saw (the patient my brother-in-law), where the secretion was so abundant and offensive as to destroy a pair of shoes in a short time, and fill nearly the whole house with the odor.—*Med. Rec.*

**FEVER AND AGUE.**—The following prescription for fever and ague has never failed in my hands to afford prompt and permanent relief:

R. Cinchonidiae sulphas..... grs. lxiv.  
Acid sul. aromat..... q. s.  
Tinct. nucl. vom. .... m. clx.  
Syrup simplici.... ad. f. oz. iv.

M. One teaspoonful every four hours until the paroxysms are broken, then two doses a day for a week or more. This seems to be a small dose of the alkaloid, but in the combination it is perfectly effectual, produces no unpleasant head symptoms, and the patients are not nearly so subject to relapses as when the quinine sulphate is used.—*Ibid.*

**TREATMENT OF FACIAL NEURALGIA.**—At the Presbyterian Hospital, New York City, nothing has been found so satisfactory as croton chloral, in the treatment of neuralgia, migraine and sick-headache. It is given in solution with elixir calisaya; five grains, three times a day, for a week. When taken in this manner the habit of the neuralgia is broken up, and permanent cure frequently results.—*New York Med. Record*, May 5.

**PHOSPHIDE OF ZINC** will be found serviceable in defective nutrition of the brain, spinal irritation, hysteria, and in various forms of paralysis.

**VASELINE** is supposed, to be obtained from petroleum in a manner similar to cosmoline, and possesses a like chemical nature.

## PRACTICAL NOTES and FORMULÆ

**TAPE WORM.**—Dr. Maul kindly furnishes us with the following treatment for tape worm, with which he has succeeded in two cases :

R. Calomel .....  
Pulv. ergot, ..... aa. .... gr. x.  
Give every night at bed time.

During the day give every four hours :

Fluid Ex. Nux vomica..... 3 drops.

Fowlers solution of arsenic..... 5 drops.

To be given in half a teacup full of strong pumpkin seed emulsion. In the one case the worm was discharged on the third day; in the other on the fifth day.

[In Savannah during the prevalence of yellow fever the strange fact was observed that many persons, afflicted with the disease, discharged tape worms whose previous health was good, and who had observed no symptoms of the worm—from which we draw the following practical conclusions :

1st. That persons on the sea coast are more liable to tape worms than in the interior, probably due to fish diet in which they freely indulge.

2nd. The symptoms of tape worm are not so formidable as usually supposed, as many had the worm without knowing it.

3d. That large and repeated doses of *calomel*, or *blue mass*, by its local poisonous effect upon the worm, constitutes a good treatment, as the frequent discharge of tenia in the yellow fever attacks must have been caused by the frequent large doses of calomel which were generally given in these cases.—ED.]

**BI-CARBONATE OF SODA.**—This is especially useful in all acid conditions of the stomach. In cases of heart burn, or in that heavy, loaded, and sometimes painful state of the stomach, resulting from indigestion, and which usually comes on a short while after eating, nothing gives such speedy and effectual relief as a dose of soda. A half to a teaspoonful may be taken in a little water. We have found soda very useful in that form of irritable and painful micturition caused by acid deposits in the urine. A patient, who had been troubled for fifteen

years with what was termed gravel, and "had suffered many things of many physicians," was relieved by the use of a teaspoonful of soda, taken an half hour after each meal. Much of the soda in the shops is crude and impure, and has a strong acrid taste like lye. This should not be used. The milder soda is the best.

**YELLOW FEVER.**—Dr. J. J. Knott of this city, furnishes us with his method of treating the above formidable malady. Regarding the affection as dependent upon impressions made upon the excitatory secretory nerves through the cutaneous system, he uses the spirits of turpentine freely to the entire external surface of the body, and gives ten grain doses of quinine every two hours until the fever abates—at the same time gives small doses of saccharated calomel, with the free use of hot lemonade. He claims that four cases coming from yellow fever districts to this city, were successfully treated by this method, recovery taking place in thirty-six hours. The Doctor has kindly promised to prepare a paper on this subject for our next issue, more fully explaining his theory, and treatment of the disease.

**PATENT HUMBUGS.**—It is amusing to examine the ingredients which compose our popular patent nostrums, when exposed by the analyst. In *Scientific American* we find the analysis of Dr. Pierce's Golden Medical Discovery as follows :

A \$1 bottle holds 220 grains of a brownish colored clear liquid, consisting of 15 grains pure honey, 1 grain extract of poisonous or acrid lettuce, (bot. *herba lactucæ virosæ*), 2 grains laudanum, 100 grains dilute alcohol (64 per cent.), tasting like fusil oil and wood spirit, with 105 grains of water.

Ayer's Pills consist of pepper, colocyinth, gamboge (gutti) and aloes.

Ayer's Hair Vigor, a solution of 0.6 per cent. sugar of lead.

**PRESERVED SUMMER SQUASH.**—The London *Garden* gives this recipe for preserving summer squash, or "vegetable

marrow," as they call it in England: "Mix together four pounds of the fruit, peeled and cut up into small pieces, 3 pounds of white sugar, about a third of an ounce of ground ginger, and the peel of a large lemon cut up small and with the juice squeezed in; boil this mixture for nearly two hours, and it will set firm when cool; it will keep for a year or longer. When properly mixed it makes a preserve of the most delicious kind, and one which would puzzle any one not acquainted with its constituents to tell what it was."—*Boston Jour. Chem.*

**REMEDY FOR SORE EYES.**—One day an old gentleman of my acquaintance called in and asked me to prepare the following prescription:

Laudanum.....1 ounce.  
Sugar of lead.....3 grains.  
Sulphate of quinia.....3 "  
Calomel.....3 "

No directions, no signature, nothing. He wanted it for sore eyes. To make a long story short, I filled the prescription for him, and have for many others since. It is certainly a success in sore eyes. The directions are to use it with a feather or camel's hair pencil, both externally and internally, *ad libitum*.

**DEATH FROM THE WANT OF SALT.**—"I am satisfied that I have seen patients die from deprivation of common salt during a protracted illness. It is a common impression that the food for the sick should not be seasoned, and whatever *slop* may be given it is almost innocent of this essential of life. In the milk diet that I recommend in sickness, common salt is used freely, the milk being boiled and given hot. And if the patient cannot take the usual quantity in his food, I have it given in his drink."—*Scudder*.

**DOSES FOR CHILDREN.**—Dr. Cowlings' method of calculating doses for children is the following fraction of the adult dose: For a child of one year  $\frac{2-24}{1-12}$ ; two years  $\frac{3-24}{1}$ ; three years,  $\frac{4-24}{1}$ ; five years,  $\frac{6-24}{1}$ ; eleven years,  $\frac{12-24}{1}$ . It will not do to follow the above rule

blindly in every case. In the use of potent remedies, as opium, veratrum, aconite, the above doses may prove too active, while in certain milder articles they are too small.—*Dungleson*.

**LOCAL ANÆSTHETIC FOR GUMS.**—The following is said to be the mixture in use by traveling Dentists, who boldly advertise the extraction of teeth without pain. It has the effect of benumbing, and to a considerable extent of relieving the pain of extraction. The patient should be cautioned against swallowing any of the fluid.

R. Tinc. aconiti rad.....dr.  
Tinc. opii. }  
Chloroform. } .....aa.....dr. j.  
Alcoholis. } M.

Apply on cotton to the gums until they whiten.

**TO TAKE RUST OUT OF STEEL.**—Place the article in a bowl containing kerosene oil, or wrap the steel up in a soft cloth well saturated with kerosene; let it remain twenty-four hours, or longer; then scour the rusty spots with brick dust. If badly rusted, use salt wet with hot vinegar; after scouring, rinse every particle of brick dust or salt off with boiling water; dry thoroughly; then polish off with a clean flannel cloth and a little sweet oil.—*Scientific American*.

#### FORMULA OF INDIAN CHOLAGOGUE.

R. Quinise sulphat.....dr.ij.  
Pulv. cinchonæ.....oz. iv.  
Tinct. anguinæ.....oz. iv.  
Syr. Simplic.....pt. j.  
Strychniæ.....gr. ij.  
Acid sulphur. aromat.....dr. ij.  
Spts. vini.....oz. ij.  
Aq. puræ.....oz. ij.  
Ol. gaulther.  
Ol. menth. piperit.....aa.oz. j.

Misce.

#### EXCELLENT COUGH MIXTURE.--

R. Morphise sulphatis.... gr. ij.  
Acidi sulphuric.....gtt. ij.  
M. et adde:  
Tinc. serpentariæ.....dr. j.  
Vini antimonii, }  
Vini ipecacuanhæ, } .....aa dr. ij.  
Tincturæ anial.....dr. j.  
Syrupi pruni virginianæ.....oz. iv.

M. Tablespoonful every two to three hours.

**SUBACUTE RHEUMATIC ARTHRITIS.**—The following pill is strongly recom-

recommended by Dr. I. S. Davis for rheumatic arthritis:

R. Ferri. sulphat.....dr. j.  
Potass. iodid.....scrup. iv.  
Tragacanth, pulv.....gr. x.  
Sach., pulv.....dr. ss.  
Syrup.....q. s.

M. Pills No. XL. Two pills to be taken three times a day.

#### A GOOD LINIMENT.—

R. Tinc. camphor.  
Tinc. Opii.  
Aqua ammoniæ.....aa oz. j.  
Oil sassafras.  
Oil oregani.  
Tinc. capsicum.

M. Chloroform.....aa oz. ss.  
Has a delightful odor, and produces a warm glow and soothing effect in rheumatic or other pains.

**MOUTH WASH.**—The following is recommended as a useful mouth wash for spongy and sore gums; also well adapted to apthae and dyphtheritic affections. After the extraction of teeth it will hasten the healing process and harden the gums.

R. Potassio chlorat.....} aa  
Acidi tannici.....} dr. j.  
Water.....oz. xii

M. Rinse the mouth every three to four hours.

#### ANTI-HEMORRHAGIC.

R. Pulv. secal. cornut.....gr. xxx.  
Plumbi acetatis.....gr. xx.  
Pulv. Opii.....gr. ijss.  
Muc. gum. acac.....q. s.

Fiat pillula No. 10. Useful in uterine or other hemorrhages, in colliquative diarrhoea, and in night sweats. Dose: one pill every two to four hours.

**ON TESTICLES, AND THE PROCREATIVE POWER.**—Dr. H. A. Spencer, of Erie, Pa., in *Med. and Surg. Reporter*, reports a case of the removal of one testicle, which was followed by no apparent diminution of the procreative power of the individual, he having subsequently begat a number of children.

**HAY FEVER.**—Dr. Evans, in the *Virginia Medical Monthly*, says of hay fever "that there is no agent so powerful good as quinine, given in two grain doses three times a day and continued for several weeks."

#### GARGLE FOR DIPHTHERIA.—

R. Acidi salicylici.....gr. xxv.  
Alcoholis.....oz. ss.  
Aque distillatæ.....oz. v.

M. Use as a gargle.

**EGG BRANDY.**—Rub the yolks of two eggs with half an ounce of loaf sugar, and add brandy and cinnamon water each four ounces.

### Scientific Items.

**TELEPHONE.**—A practical use for the telephone has been discovered by Dr. Foster, government inspector of mines in England. Dr. Foster sent a telephone down the ventilating shaft of the Eliza mine, at St. Austell, Cornwall, the instrument having been attached to a covered copper wire, and in less than fifteen minutes persons speaking at the bottom of the mine were distinctly audible on the surface. The telephone will supercede the inefficient cord signals hitherto used as a means of communication from the interior of deep mines to the ground above.—*Ex.*

**PLANET MARS.**—The discovery of two satellites to the planet Mars occurred on the night of the 16th of August last, by Prof. Hall, at Washington. Mars bears a very strong resemblance to the earth, in many respects. Divisions of land and water are well defined; and that the seasons are like the earth's is evident from the alternate increase and decrease of the white snow caps about the poles. An atmosphere much like ours gives Mars its ruddy appearance, and bears clouds and storms that often obscure well-known features of its surface.

**LOCUSTS.**—The seventeen year locusts appeared, the present summer, in certain Northern States. In the upper portion of Georgia they appear once in thirteen years. Their last appearance was in the spring of 1868, and hence may be looked for again in 1881

## Editorial and Miscellaneous.

All communications relating to the business of THE RECORD, for the year 1877, must be addressed to  
DR. R. C. WORD,  
Business Manager Southern Med. Rec.,  
Atlanta, Ga.

Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

Send money by check, postal order or registered letter.

Write your name, post-office, county and state plainly.

### SPECIAL NOTICE.

Parties who receive this number as a specimen copy, are requested to subscribe. We are plain and cheap, but aim to be practical and useful. Try our journal, and see if it does not contain more practical items in less space, and at less cost, than any other journal in this country. May subscribe for six months, though it is best to order the back numbers, and have your volume complete.

A number of communications for our Original Department are crowded out, and will appear hereafter.

Parties in arrears will please settle without further delay. Friends, the year will soon close, and we greatly need the money. Please take due notice thereof, and govern yourselves accordingly.

**SPECIAL NOTICE.**—We wish to say to our subscribers, and to any others who may receive this number of our journal, that the correspondence of the office gives abundant evidence that the *practical character* of THE RECORD is attracting the attention of the profession, and that it meets a *desideratum* long felt by the busy practitioner. Further evidence also exists in the steady increase of our subscription list, and in the enlargement of our advertising department.

A change of type giving some addition to the amount of reading matter, and other improvements in THE RECORD, will be made at the beginning of the ensuing year, and no efforts will be spared to make it more and more interesting and useful to our readers. The present low price of subscription and club rates will be continued. It is hoped, therefore, that each one now on our list will not only renew his subscription, but will induce others to subscribe; and, in order to encourage them to begin the work at once, we

will allow new subscribers for 1878 to commence with the November or December number of the present year. Friends, give us a lift!

### EXTRACT FROM PRIVATE LETTER.

"The remarks contained in your last issue deprecating the low state of medical education was freely talked of in our Society. The opinion seemed to be general that the RECORD ought to be in the hands of every intelligent physician in the South, and that the members of the profession, as preceptors, and in their organized capacity as Societies, etc., should observe the sentiments upon the subject of education referred to, and that pupils should be advised to attend first-class Colleges only."

R. T. L.—

It always gratifies us to receive letters containing evidences of approval like the above. If every present subscriber will renew and send one or more new subscribers for the ensuing year, we will thereby be enabled so to improve the journal as to increase its popularity more and more, and would soon place it in the hands of all progressive and intelligent readers.

### A MEDICAL SWINDLER.

Chas. H. Lothrop, M. D., of Lyons, Iowa, kindly informs us of the doings of one A. G. Walter, alias Willard, alias H. Bayrenz, etc., etc. Said Walter has been going round claiming to be an agent of the "U. S. College of Surgeons, Washington, D. C.," an institution endowed by the U. S. Government for the special purpose of treating Paralytics. Parties afflicted with this disease by paying a small sum could receive treatment at this humane institution. The testimonials as to this institution, which really has no existence, furnished by the shrewd swindler, were such as would deceive any one. He thus filched thirty-one dollars from Dr. L., who, however, had his suspicions aroused, and took steps which resulted in the arrest of the scoundrel, who is now safely lodged in DeWitt jail.

**TRANSACTIONS MEDICAL ASSOCIATION OF ALABAMA, APRIL, 1877.**—Notice of the above made for our June number, was crowded out and eventually overlooked. It is a neat and well gotten up volume of 187 pages, containing many valuable and interesting papers. It speaks well for the Profession in Alabama, which indeed, can boast of as large a proportion of talented and progressive men as can be found in any State in the Union.

**MARKS OF THE TRUE PHYSICIAN.**—The true physician is quiet and unpretending, yet firm, prompt and attentive. He is kind and courteous in deportment, especially in the sick-room. He is jealous and careful of his reputation, but does not seek to establish it by unprofessional or unfair means, and is guarded and respectful toward the opinions and character of professional brethren. He is temperate, and should be Christian man—ready, after exhausting his skill and resources for the relief of physical suffering, to administer a balm of hope and comfort to the despairing spirit. He should be an observing man—studious, watchful, and progressive, and should read, contribute to, and pay for at least one medical journal. W.

**TOBACCO.**—We are not an advocate of the Tobacco habit, but as nearly every body uses it, and are likely to do so in the face of all the lectures which are made against it, and among them, no doubt, nine-tenths of our Medical readers, we wish to say to them that the evil results of tobacco may in a great measure be avoided by using a pure and properly manufactured article, and such we have found to be the *genuine Durham Smoking Tobacco*. Doctors may safely advise their friends to use this as probably the purest, least injurious article. See advertisement.

**CINCHONIDIA AND CINQUO-QUININE.**—The discussion touching the relative merits of the two preparations above named, still goes on, as may be seen, by an interesting paper in our present issue. If the high price of the Sulphate of Quinine shall have the effect of leading to experimental tests, and of enlarging our knowledge of the peculiar and varied properties of the Cinchona bark and its alkaloids, it will, after all, prove a blessing to the profession and to the country.

**NEGROES AND YELLOW FEVER.**—In the epidemic of yellow fever, at Savannah, it was said that the fever attacked the blacks with almost equal fatality as the whites. It was discovered, however, that the mulattoes, or mixed breeds, alone suffered, and that the pure negro was exempt from the disease. So it is reported of the fever at Fernandina, Fla., at which point the disease still prevails. The mortality is comparatively light.

**THE AMERICAN PHARMACEUTICAL ASSOCIATION.**—The American Pharmaceutical Association which held its late meeting in Toronto, appointed Atlanta, Georgia, as the next place of meeting, which will be on the first Tuesday of September, 1878, 3 o'clock P. M. Mr. J. W. Rankin, of Atlanta, was elected local Secretary for purposes of correspondence, &c.

**MEDICAL AND SURGICAL REPORTER, PHILADELPHIA.**—This is among the very best of our large list of nearly fifty exchanges. See their Fall announcement in present issue.

## BOOK NOTICES.

**TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.**—Through the courtesy of Dr. Robt. Kelly, of Jackson, we have been furnished with a copy of the *Transactions*, of the Mississippi State Medical Association, which assembled at Grenada in April last. It is a highly creditable compilation of 175 pages, neatly and tastefully gotten up. The papers reported are highly interesting and instructive.

**Practical Hints on the selection and use of the Microscope, intended for beginners.**—By John Phinn, editor *American Journal of Microscopy*: 2d edition, fully illustrated and enlarged. Industrial Publishing Co., N. Y. This is a valuable work, especially for beginners, and those not familiar with the use of the microscope.

**Defects of Hearing and other evils; the Result of Enlarged or Hypertrophied Tonsils, and the urgent necessity of immediate and proper treatment, &c.**—By Prof. A. W. Calhoun, M. D., Atlanta, Ga. A valuable paper from transactions of Medical Association of Georgia.

**The use of Large Probes in the Treatment of Strictures of the Nasal Duct.**—By Samuel Theobald, M. D., Surgeon to the Baltimore Charity Eye and Ear Dispensary; Ophthalmic and Aural Surgeon to St. Vincent's Hospital, Baltimore.

**Popular Science Monthly for October.**—By E. L. & W. J. Youman's, comes filled with its usual amount of interesting and instructive reading matter. D. Appleton & Co., 549 Broadway, N. Y.

**U. S. DISPENSATORY.**—The Profession will be pleased to learn that a new edition of the U. S. Dispensatory is announced. Dr. Geo. B. Wood, Dr. H. C. Wood, and Prof. Bridges are the authors.

**Diastasis of the Sternum by the Violent Action of the Diaphragm During Coughing.** By F. J. Lutz, M. D. An interesting paper touching an affection not generally known or understood.

**Retinitis Albuminurica.**—By George C. Harlam, M. D., Surgeon to Will's Ophthalmic Hospital, Philadelphia; also, Hemiplopia and Decussation in the Optic Chiasm, by the same author.

**Transactions of the College of Physicians of Philadelphia.**—Vol. 10th, 212 pages, neatly bound in muslin—containing a number of valuable papers.

**Retarded Dilatation of the Os Uteri in Labor.**—By Albert H. Smith, M. D., Philadelphia.

**GOOD LOCATION FOR SALE.**—Dr. Calfee, of Arkansas, offers a desirable property and practice. See his advertisement in this number.



# THE SOUTHERN MEDICAL RECORD.

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TOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M. D.,  
B. C. WORD, M. D.,

} EDITORS.

B. C. WORD, Business Manager.

SUBSCRIPTION: TWO DOLLARS PER ANNUM, IN ADVANCE.

All communications, and letters on business connected with THE RECORD for 1877 must be addressed to the Business Manager.

## Original and Selected Articles.

### MALARIAL FEVERS—CAUSE AND TREATMENT.

By J. M. LEWIS, M.D., Kosciusko, Miss.

It may be asked if I have anything new to offer on this subject. If the question refers to what is known in reference to "malaria," I would answer, no; but if to the treatment of the fevers, as generally adopted by the physicians of this country, I would answer, yes.

I fear that, too often, in our communications to the journals, we prefer to report novel cases, instead of our experience with familiar diseases. Certainly we in this country cannot write or speak too often about malaria, when we consider at least one-third of our practice is dealing with this poison. In order to speak of the treatment, which is the main object of this paper, I will be allowed to quote from some of our best authorities in reference to what "malaria" is.

Niemyer says: "I have no hesitation in saying, decidedly, that marsh miasm—malaria—must consist of low vegetable organisms, whose development is chiefly due to the putrefaction of veget-

able substances. It is true, these low organisms have not actually been observed; no one has seen '*malarious spores*.'

"This poison arises from marshy land in particular conditions, such as decomposition under the influence of partial moisture, and of heat above 60° Fah. If the land is perfectly dry, or perfectly flooded, or frozen, the poison is not generated. It is believed to be a material poison. It may be wafted along with the wind, and so induce fever at a distance from the place where the poison is generated. It may also be intercepted by a belt of trees."

Aitken says: "In these forms of fevers, (speaking of intermittent, remittent and malarious forms of yellow fever), a malarious poison of an unknown kind, generated in paludal regions or littoral districts, is absorbed and affects the blood, as *cholera*, *typhus*, and other '*miasmatic*' poisons do. The poison, in the absence of any better name, is known as '*malaria*.'"

Flint, Wood, and others, say virtually the same.

From the above, it will be conceded that "malaria" is a poison, generated under certain circumstances, a "miasm"

produced, perhaps, by the decomposition of vegetable matter, heat and moisture being required.

This poison being absorbed causes a variety of fevers, which we call intermittent, remittent, malarial, hemorrhagic, and malarial yellow fevers, all these occurring in different degrees of intensity, from a mild intermittent to a pernicious remittent.

Alison says: "If any one has seen only the milder forms of remittent fevers, and had no opportunity of tracing up their several grades, he might well believe, when he saw suddenly the severest variety, that he had before him a distinct affection."

Aitken says (referring to above fevers), all are "similar pathological," *i.e.*, all caused from a malarial poison.

Why the same poison will cause an intermittent fever in one person and remittent fever in another, both being exposed alike, (which we often observe,) is something that we cannot explain; but that it is one and the same poison we have every reason to believe. I will not speak of the diagnosis of these fevers, for they will be easily recognized by their periodicity, and are fully described in our text books on practice.

TREATMENT.—For some time I have had but one remedy for these fevers—and that is sulphate of quinine. I am satisfied all other remedies, (or at least the most of them) are hurtful, especially the one most used, *viz*: calomel. Mercury in any form is certainly adding fuel to the fire, and not only does harm at the time, but prolongs convalescence.

Headland says: "Mercury excites the functions of the liver, and bowels, being both cathartic and chologogue." Is not the liver in these fevers already excited to increased action, pouring out bile into the stomach and bowels? Why then impose on the abused organ? If we had a remedy that would suspend for a time, the secretions of the liver, would it not be more rational to give it? Mercury was given years ago, and is administered yet by some, (at least two-thirds who practice in this country)

under the impression that these fevers were inflammatory. With this idea of the Pathology, there might be some excuse for the practice, but as shown in the first part of the paper, malaria is a poison, affecting every organ in the body, and can be quickly (in the majority of cases) arrested by the use of quinine.

Mercury is one of our most debilitating remedies. "It decomposes the blood, and by some destructive agency, it deprives it of one-third of its fibrine, one-seventh of its albumen, one-sixth, or more of its globules, and at the same time loads it with a foetid matter, the products of decomposition. Such power is possessed by few other medicines, and certainly exerted by none in the same degree as mercury. It is an agent of terrible activity, and we may well be cautious how we handle it. *It disintegrates or decomposes the blood, and thus wastes the body.*

After using mercury physicians speak of the dark offensive discharge that takes place, calling it *bile*, when it owes its color and offensiveness to the decomposition of the mercury in the system, forming a sub-sulphide. The same result can be had in a healthy man, by the use of mercury. The mercury that is given (in many cases) would result more disastrously than it does, were it not for the fact that our systems only absorb so much of mercury, the balance passing through as inert matter.

I believe many cases of reported failures to effect a cure with quinine, are the result of prolonged treatment with mercury. This idea of ("preparatory treatment") first giving calomel and wait until it acts on the bowels, and the fever cools, before using quinine, is deeply rooted in the minds of the people. A farmer said to me a short time ago: "He knew quinine was *the* remedy, but thought that calomel had to be administered first, in order for the quinine to have its good effects." There are many men practicing medicine in this country to-day, who hold to the same idea. Many cases, no doubt, are

annually lost by not giving quinine freely as soon as the patient is seen. This is the practice of Prof. Flint, of New York, and he says he has advocated it for thirty years. In his excellent work on practice, he says:

"For the cure of intermittent fever, medicine possesses specifics, if any remedies are entitled to this appellation. This statement applies especially to the salts of quinia, of which the sulphate is the one almost universally used. The sulphate of quinia will promptly interrupt the recurrence of the paroxysms of intermittent fever in the vast majority of cases. It is always desirable to arrest the disease as speedily as possible. There is no need of preparatory treatment. The use of mercurial cathartics, emetics and bleeding, are injurious, and are not indicated. The pathological views which formerly led practitioners to employ mercury freely in this disease, (speaking of remittent fevers) are not *tenable*, and it may be fairly doubted if clinical observation afford any ground for regarding this remedy as specially indicated."

I have not had the experience that Prof. Flint has, and do not speak with as much authority, as he was practicing before I was born; but so far as it goes I am fully satisfied with quinine alone in the treatment of malarial fevers. To those who adopt similar practice, and they are many, this paper is worthless, but I will venture you have a brother practitioner, who enjoys the confidence of the community in which he lives, to as great an extent as you do—who adopts the old practice—calomel, calomel and quinine, and then quinine and calomel, and when his patient comes back, after he gets through with the above, mouth sore, body wasted, pale and thin, more from the effects of the mercury given than the disease, he will say, "John, you've had a hard spell."

I have seen many cases of fever in the last few days (and at this season of the year, September 1st, we have many cases along the swamp, a few miles from town), when the patient had high fever,

delirious, complaining of intense pain in the head, bones aching, restless, etc., and, in little children, convulsions, result of fever, when I would administer, to an adult, 15 to 20 grains of quinine (children's dose in proportion to age), and, if their stomach rejects it, which it will do in many instances, give the same quantity by enema, and often in an hour's time the patient will become rational, fever begin to cool (skin moist), pulse reduced, etc.; and, if it be a child, with convulsions, they will cease. The effect of the remedy is truly wonderful. I will not speak of my own experience, for fear my readers may think I am disposed to boast, but when I am called to a malarial fever case, be it ever so slight, I always give quinine actively, for you cannot tell but what it will assume the pernicious form in a few hours. By this mode of treatment the mild cases will be promptly arrested, and the severe ones will be checked.

Of late I have used sulphate of cinchonidia as a substitute for quinine, and am well pleased with the results.

## TERATOLOGY.

BY D. NEWCOMER, M. D.

MR. EDITOR.—In the September number of your journal, under the caption of "Maternal Impressions," Dr. George A. Dyer asks this question, "Did they so occur from impressions made on the mother?" I would answer, no. It is true, the cases adduced seem sufficiently striking. There is, however, numerous difficulties in the way of accepting the cause assigned. If a child is born with any malformation the recollection of the mother is racked to discover if something did not occur during gestation to which the appearance may be referred, and it is not often difficult to find some plausible means of explanation. I have had two cases occur in my own practice in which the malformation was similar, if not exactly like the first case described by Dr. Dyer. The first one, the mother (strange as it

may seem), could give no cause for the malformation. The second one, after refreshing her memory, discovered that she had been badly frightened, while walking out with her husband, by treading on a toad. As soon as this discovery was made the good old ladies present saw, as a natural sequence, an exact likeness of the toad in the deformed child before them. Thus, by a little stretch of the imagination, it could be made to resemble either the "Wild Australian Children," or a toad, and, when we reflect that so large a number of women, sometime during pregnancy, have been the subjects of severe frights, fear or anxiety, and so few monstrosities born (about one in every three thousand), we must look elsewhere for the efficient cause of such freaks of nature. This, it may be said, is a sort of negative argument; it is, however, none the less conclusive. The communication between the mother and *fœtus* is of the most indirect kind, the child can only be affected by the nutriment sent to it by the mother, which may be deficient in quantity or vitiated in quality. In either case the whole organism would be alike affected, and not only a particular part. Any violent mental emotion in the mother may thus destroy the life of the *fœtus* in *utero* by modifying the quantity or the quality of the nutritive matter sent to it. I cannot well conceive how any impression or influence on the imagination of the mother could suspend or arrest the development of organs in the *fœtus*, of which she knows little or nothing. We know that in the lower animals, and even in vegetable life, we have frequent cases of malformation, or "freaks of nature," in which maternal impressions cannot be invoked as the cause. In the case of the woman who saw, sometime during gestation, a man with one arm off, and her child being born with like defect, the arm must have been already formed, and the influence of the mother's "fancy" must have been exclusively exerted upon its absorbents, so as to cause them to take up again that which had already

been deposited. It is difficult for us to believe, in this case, that the effect can, in any way, be connected with the assigned cause. It would be much easier to presume that the coincidence in such cases has been accidental. Cases of hair-lip are constantly occurring, yet we never, in such cases, have maternal impressions given as a cause.

M. Dareste has, by various experiments with incubation of eggs, succeeded in submitting to direct observation the evolution of most types of simple monstrosity, and he states, as one of the most general results obtained, "that monstrosities have always their origin in that period of embryonic life when the embryo is entirely formed of homogenous blastema. The monstrous organs first appear with all their teratological characters in blastema which has been previously modified."

In conclusion, M. Dareste remarks that, "though his teratogenic researches have been limited to a single species, they have a much more extensive reference. Indeed, the teratological types and processes of formation cited in birds are exactly the same as are observed in mammifers and in fishes \* \* \* This identity of teratological types in mammifers, birds and fishes, is a necessary consequence of the unity of type in vertebrated animals."

From the experiments of M. Dareste it would seem that monstrosities are the result of an arrest of development at some period of embryonic or foetal life, and that such arrest cannot be caused by any impressions made upon the mind of the mother, but from causes inherent in the germ or embryo itself.

Mt. Morris, Illinois.

## GELSEMINUM.

BY I. J. M. GOSS, M. A. M. D.

Gelsemium is capable of a wide range of action; it is a polychrest, indeed. It comes in appropriately in those diseases in which the motor portion of the spinal cord is involved. Its power to control the heart in remittent

and intermittent fever (in the acme of the fever) is well known. It has a power over certain diseased conditions of the nervous system that cannot be filled by any other remedy. It aids opium, in a marked degree, in subduing pain, and hence, it is one of our best remedies in dysentery, for, it not only acts as an anodyne, but at the same time, it has a specific effect upon that form of inflammation that attacks the mucous membranes. And owing to this property, it is a positive remedy in the early stages of Cartarrh and Gonorrhœa.

I have frequently aborted Gonorrhœa by using Gelseminum internally, in doses of 15 to 20 drops, every three hours; and a wash of Permanganate of Potash for the first one or two days of the attack, when I see the case that early. In sick headache, from determination to the brain, we have no remedy more positive in its curative effects. In Neuralgia of the face and head, it may be alternated with belladonna with the most certain results. In spasmodic affections, it acts with positive certainty. I have often relieved attacks of Asthma with it after Lobelia and other anti-spasmodics had utterly failed. I had a case of Asthma a few days ago, in which I had tried all the various anti-spasmodics, as Lobelia, internally, and Nitrite of Amyl, by inhalation, also the vapor of paper steeped in the Nitrate of Potash, and burned in the room, rubbing the chest with chloroform and oil, but all these means failed; finally, I gave the tincture of Gelseminum in doses of 25 drops every three hours, which soon gave relief, producing at the same time quiet and refreshing sleep, which it will generally do, if given in full doses. I use the saturated tincture, made from the green root, for much of it in market is made up from the dry root, and if it be old before it is tinctured, it is worthless.

In cases of obstetrics, where the labor is retarded from a rigid state of the os uteri, there is no remedy that has acted so kindly in my hands. So readily does it overcome the rigidity, and thereby

terminate the labor, that some physicians have concluded that it is a valuable parturient, but I have given it to females in the pregnant state, for flux and fever, without any detriment. I am of the opinion that its continued use would cure asthma, provided that the motor system is kept constantly impressed with the remedy, by giving 5 to 10 drops every three or four hours, until that morbid condition is subdued. It is a valuable remedy in cholera-morbus, quieting the system at once, thereby arresting both the vomiting and purging. In that peculiar state of nervous excitement in children from teething, this is one of our best remedies, and if given in time, will prevent spasms, and excessive arterial excitement and fever, so often the results of this condition. It is also a valuable remedy in colliquative diarrhœa of teething children. In tormina and tenesmus of the rectum and bladder, there is no better remedy than gelseminum, for it allays this condition as readily as opium, but does not constipate the bowels. In the early stage of typhoid fever, where there is an excited state of the nervous system, small doses of gelseminum is a valuable remedy, abating the restlessness, and producing sound and refreshing sleep, from which the patient awakes much better. And thus administered, whenever there is an excited condition of the brain and cord, the patient goes through the attack with much less exhaustion than when suffered to do so in this exalted state of the nervous system. Typhoid and typhus fever are disease which materially affect the entire nervous system, and if this element of disease is not looked to, the patient may wear out before the disease can possibly be terminated by any remedial agency. For it is a sad fact, that there has been no specific found for that type of fever as yet, and all that can be done, is to subdue morbid conditions as they occur.

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Send in your subscriptions for the MEDICAL RECORD for the new year.

## HINTS ON THE MANAGEMENT OF LABOR.

BY A. H. GOELET, M.D., OF NEW YORK.

The article "How to Manage a Case of Labor," by J. W. Martin, M. D., in the April number of your journal, page 86, has brought forth this article, and I intend it only as an appendix to that.

While I appreciate the excellence of his paper, I feel that there are other points necessary for the student and young practitioner, and these I propose to introduce here.

A great deal of time will be unnecessarily wasted if the advice of some authors on this subject be taken.

Meigs says, "Stay with a woman whose *os* is dilated to the size of a silver quarter;" and a great many follow his advice. But it is not always wise to do this. In primiparæ, sometimes the *os* is this size several days before the termination of labor, and even in some multiparæ it is this size twenty-four hours before. We all know women are apprehensive at this time, and the slightest thing will sometimes give them alarm. If a physician remains with a patient sooner than is necessary, and she should linger, she will be sure to imagine something is wrong; and this is but natural. She is ignorant of the exact degree of her advancement, but leaves this to her attendant. If she lingers long after he remains with her, she will lose confidence in his judgment, begin to fret and worry, and this will delay it only longer.

If, upon being called to a case of labor, he should find the edges of the *os* thick, rounded, moist, and yielding in a woman who has borne children, he should remain with her if the *os* be considerably dilated, and the pains are severe and frequent; but if the *os* be only slightly dilated, and the pains weak and infrequent, he may either leave her till the pains increase, or he may give mxx. or mxxx. fluid extract of ergot, and remain with her, repeating the dose in half an hour if necessary. (My experience has been that it often takes

hour for ergot to act well after it is given. Authorities say twenty minutes.)

If the *os* is found as above described in a woman who has never borne children, there is less risk in leaving her; and, if it be decided to give ergot, it should be given more cautiously and in smaller doses. If, on the other hand, he should find the edges of the *os* thin, sharp, hard, resisting, and undilatable, in any case, the wisest plan is to give m x. or m xii. of Majendie's Solution of Morphine hypodermically, or by the mouth, if there be no objection; and if there be any idiosyncrasy against opium, give a full dose of atropia in some way; then he may leave her until the *os* is relaxed; but first he must gain her confidence by a positive assurance that it is entirely unnecessary for him to remain with her, and that he will return in a few hours. This, while it may or may not produce sleep, acts happily on the *os* by relaxing it, and does not diminish the contractions of the uterus. In a few hours the *os* will be found soft and relaxed.

If rupture of the perineum be imminent, a slight incision with the thumb lancet on each side of the raphæ will avoid a rupture down the center, which is attended with more danger. After delivery, the slight incisions made will be found to amount to nothing, and will soon heal.

[This suggestion to puncture the perineum we think very questionable—ED.]

With regard to the delivery of the placenta, the sooner you can make the patient comfortable the better. Therefore as soon as you have cut the cord, which you may do as soon as respiration is well established, make traction upon the cord with one hand and with the other grasp the uterus through the abdominal walls, and, as it were, squeeze out the placenta.

It is entirely unnecessary to remain an hour after the delivery of the placenta, as advised by certain authorities. As soon as the uterus can be felt firmly contracted through the abdominal walls, and all clots have been removed, she

may be left with perfect impunity, if she be directed to retain the recumbent position. But should there be apprehension of hemorrhage, give half drachm fld. ext. ergot before leaving her.

#### NOTE ON THE MICROGRAPHY AND CHEMISTRY OF A "PULTACEOUS CONCRETION" FROM THE TONSIL.

By JOHN VANSANT, M.D., Surgeon U. S. Marine Hospital Service.

Beneath the surface of the tonsils in scrofulous and other persons, there sometimes occurs a whitish, circumscribed enlargement, often about the size of half a pea, and having a strong resemblance to an inflamed and swollen sebaceous follicle of the skin, and like the latter will, if pricked and pressed, give exit to a white, cheesy-looking mass, which, however, is harder than the sebaceous secretion of the skin, and is nearly globular in form. These globular masses, of the diameter of a swan-shot, or thereabout, are often extruded from the tonsils by the resiliency of the gland tissue with considerable force, and ejected from the mouth with a cough, leaving a distinct cavity in the gland, not ulcerated, and with smooth edges. If a little lint on the edge of a bent pole be introduced into this cavity and withdrawn, it will emit a most putrid and disagreeable odor, and if the concretion which has been ejected be examined, it will be found to have the same odor. These formations in the tonsils are frequently the source of much annoyance to persons apparently in good health, as the breath is likely to be affected by them. Until I examined microscopically and chemically one of these globular masses, I had considered them of the nature of sebaceous matter, somewhat condensed, and partially decomposed with the evolution of sulphydric acid gas, and I was greatly surprised at what I saw with the microscope. I have looked through a number of books to find some mention made of these formations by authors,

but I have found only one notice of them, and that a very short one, by a French medical writer, who styles them "*Pultaceous Concretions*," and believes them to be of a cheesy nature.

In examining a few days ago some of my medical memoranda, made six or or eight years since, I found the following paper, which, it seems to me, may possess some novelty sufficient to justify publication:

October 20th, 1870. Portion of a "pultaceous concretion" from a follicle of tonsil of a man apparently in good health, soon after extrusion, was submitted to microscopic examination. The *entire mass* was composed, apparently, of cells filled with living particles that could be seen, in some instances, escaping from the parent cell, and then, when free, exhibiting most active amœba-like motions, crossing the field, and elongating and contracting themselves. There were also many of these animalcules seemingly fully developed, and these bore a striking resemblance to those so-called "eels" sometimes developed in vinegar, both as to shape and movement. They were very active. Some measured as much as 1-1000 inch long, by about 1-15,000 inch wide, and were sharpened at the ends. Most, however, were shorter, say 1-5000 inch long, by 1-20,000 wide; and many more were shorter than these.

The matter of this concretion was *not* mostly of a fatty nature, since it was not dissolved by æther, chloroform, almond oil, water of ammonia, nor alcohol, hot or cold. A portion of the concretion was put in æther, and digested a number of days—12 or 15. The bulk of the mass was then found not much diminished, but the æther was slightly colored yellow. The æther was poured off, and evaporated, yielding a notable quantity of cholesterin-like matter, which took the shape, in some instances, of colorless acicular crystals, often arranged in a stellate form, and in other instances, of amorphous granular masses of a yellow color; these substances were soluble in cold alcohol, and their odor

was most like that of Russian leather. The odor of the fresh concretion was putrid and very offensive. A portion of the concretion, which had been digested so long in æther, was mingled with water, which did not dissolve but seemed to soften it, and then viewed with a high power—1200 diameters. Many of the smallest amœboid particles soon began tolerably active motion, and occasionally, one of considerable length could be seen stretching out and vibrating. The light from the concave mirror of the microscope seemed to stimulate their motions. A solution of ferri sub-sulph., U. S. P. diluted, and applied to the edge of the thin glass cover, stopped their motions and condensed their substance. I should mention that mixing the *fresh* concretion with almond oil, which neither softened nor dissolved it perceptibly, also caused the cessation of motion in nearly all the animalculæ. Glycerine does not dissolve the concretion, either fresh or dry. The dried concretion is not dissolved or discolored by water, hydruchloric, nitric, nitromuriatic, sulphuric, or acetic acids. Liquor potassæ very slowly softens and gelatinizes the residue left after the action of æther, requiring for this purpose many days, and the fluid becoming of an amber color. Acetic acid added to a portion of this fluid does not cause a precipitate of protein, but changes the yellow color to a faintly opalescent hue. The further addition of a drop of strong nitric acid caused no visible alteration.—*New Orleans Medical Journal.*

### ANTHRAX.

BY JACOB VAN VALKENBURGH, M. D., SHARON, N. Y.

Anthrax is a tumor of a red, shining appearance, commonly known as carbuncle. The larger tumors of this class are full of holes, and may be defined to be a local destruction of the cutaneous and areolar tissue depending upon an accumulation of morbid material in the part, of a malignant character, usually larger than a boil and less conical. They vary in size from a

hickory nut to a dinner plate, presenting a flattened surface of a livid red or purplish appearance. The pain is circumscribed and of a burning character. The usual symptoms of fever of a typhoid grade are shown by the constitutional disturbance. As the tumor increases in size, one or several vesicles form on the surface, from which oozes a thin, acrid, foetid, dark-colored fluid. Its location is most frequently over the bony surfaces—as the scapula, spinal column, cranium, dorsum of the feet and hands. It implies a vitiated and debilitated condition of the general system. If this were not the case it would have been a boil. The obstruction in the cellular and cutaneous tissue that causes a boil attended with a mild inflammatory reaction, or symptomatic fever of the inflammatory grade, would be an anthrax in a worn out, vitiated system, attended with a feeble reaction, commonly known as the typhoid grade.

The local obstruction that occurs produces irritation; the *vis medicatrix* sets up a vital action known as inflammation, for restoring the parts affected; this in nearly the whole of the tumor, fails, in consequence of the debilitated state of the general system, or from the character of the obstruction, and, consequently, congestion takes place, followed by suppuration, gangrene, and death in many cases.

About the only mistake liable to be made in diagnosing is a boil. In this there is a general appearance of health, a conical tumor, which, after suppuration, has a "central core;" whereas, in carbuncle, the tumor is larger and flatter; vesicles appear on the tumor, and it has no "core." The size, color, etc., will serve sufficiently to distinguish it from the boil. Carbuncle appears in old worn-out constitutions, caused by damp place of living, or any cause resulting in great nervous prostration; all or any produce that enfeebled condition, by which the vital powers cannot remove accumulated *materies morbi* from the system. The prognosis depends on the general stamina of the



patient, the malignancy of the tumor, the skill of the practitioner, and the remedies used.

#### TREATMENT.

Apply to the carbuncle a hot slippery-elm poultice, wet with the following solution:

R. Glyceriti Acidi Carbolicci dr iv.  
Aquæ Puræ. oz v. Misco

Change the poultice often. Do not let it become cold. If slippery-elm cannot be obtained, use the next best, the flaxseed poultice, and the solution above given. Give internally the following cathartic, repeating every four hours until it operates:

R. Pulv. Jalapæ et Sennæ Comp.  
" Leptandriæ, aa dr. j.  
Sodæ Bicarb. grs xx.  
Aquæ Bullientis, oz iv.

Let stand till cold, and take one half every hour.

After the operation of the cathartic, give:

R. Potassæ Acetatis. dr ij scr. ij.  
Aquæ Puræ, oz iv.

Misco: Teaspoonful every three hours.

As soon as pus is formed in the tumor, apply the knife early and freely, making crucial incisions through its length and breadth, that the putrid mass may have every opportunity to escape, as it is liable to be absorbed, pyæmia taking place, and death ensuing. As soon as the contents of the carbuncle are evacuated, apply to the cavity:

R. Glyceriti Acidi Carbolicci, dr v to dr x  
Aquæ, oz. iv.

Misco.

Use this solution as strong as the patient can bear, every time the poultice is changed. The carbolic acid is a stimulant, disinfectant, and *anti-septic* and is one of the best remedies for external congestion and gangrene that we possess.

As our object is to get rid of the tumor as speedily as possible, we must continue to poultice, and also to remove all sloughs with scissors or knife, which can be easily done by taking hold of the detached end with small forceps. I sometimes add some grated carrot root to the poultice, with the happiest results. As soon as the congested portion of the anthrax is

sloughed out, and the healing process commenced, use the following carbolic salve: Take four ounces of basilicon ointment, melt with gentle heat, and add twenty grains of carbolic acid previously dissolved in an ounce and half of glycerine, stirring till cold. Spread on linen, and retain with a bandage if necessary. Some practitioners use caustic potash and charcoal poultice, with good results, in carbuncle. The cutaneous surface should be sponged off and dried with a flannel cloth. A good nutritious diet should be used to keep up the strength of the patient—such as beef tea, oyster soup, etc. The medical treatment must be supporting, and for this would use:

R. Tr. Ferri Chloride, gtt. xx.

Aqua, oz j

Mix. Tak. dr j. three times a day; or,

R. Quiniae Sulph., dr ss.

Divide in 15 powders, and give one three times a day; or,

R. Tr. Cinchonæ Comp., oz ij.

Two teaspoonfuls in water, three times a day.

The patient must have rest at night, and for this must use some opiate or nerverine, as the idiosyncrasy requires; as opium, morphine, chloral hydrate, chloroform, bromide of potassium, valerian, or assafoetida.

If the patient becomes much exhausted we must resort to stimulants—such as Xanthoxylum, ale, porter, etc.—*Med. Eclectic.*

#### THE HYGEINE OF THE EYES:

The following hygienic rules are compiled and condensed from eminent French and English authorities:

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working. Daylight is the best; but direct sunlight and that reflected from mirrors should be avoided. The aspect should be northern, and the light should come a little from above.

White walls should be avoided; highly varnished tables and, in workshops, shining articles like silk should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil (much used in France, but seldom in this country) and furnished with a glass shade. Gas is bad, because of its heat, brilliancy and mobility; the light of mineral oil is too hot; that of candles insufficient and flickering. The eye of the workman should avoid the light coming to him directly, or diffused through the room.

Working immediately after meals is objectionable; also uninterrupted use of the eyes for long periods of time. One should write on an inclined plane, and not keep the head bent down more than is absolutely necessary. Reading in bed is bad every way.

Some good authorities commend washing the eyes with cold water, but the majority of the best ophthalmologists advise the use of hot water for the less serious affections of the eye. For tired eyes, we believe, from our own experience, that water hot as can be borne is refreshing and beneficial.

If the eyes are fatigued by bad artificial illumination, blue or slightly smoked glasses will be useful, and in order to avoid the lateral rays they should be large and round.

If the irritation of the eyes persists, all work must be abandoned, and an examination made to see if there be any disturbance of refraction, of power of accommodation, or of the mobility of the eyes.

Presbyopia, or so-called "far-sightedness," supervenes earlier with those who are constantly at work than with other individuals, and as soon as it does convex glasses should be at once resorted to, without which the muscle of accommodation would be fatigued to no purpose. At first they should be used for working in the evening, after the fatigue of the day; but a long-sighted person should only use spectacles for looking at near objects, not at far ones.

Work requiring close application favors the development of myopia, or

"near-sightedness," precisely in proportion as the conditions of illumination are bad. If the action of those causes continues, the myopia will increase until vision is lost.

A slight degree of myopia may be favorable to close work, but, as a general rule, work requiring close application, by the derangement of circulation that it inevitably induces in the eye, is much more injurious to the myopic, and is the great cause of the development of myopia and its complaints. Young people should be examined, and if they are myopic, hindered from undertaking tedious studies and all professions demanding close application of the eye.—*Boston Journal of Chemistry.*

## NEW METHOD OF REDUCTION OF DISLOCATION OF THE HIP.

By S. J. ALLEN, M. D., White River Junction, Vt.

One day in the month of March, 1841, at which time I was a student of medicine in the office of John L. Swett, M. D., of Newport, N. H., I was riding in my sleigh, about three miles south of the village, and, passing a house situated some six rods from the road, I heard an outcry, Looking in the direction of the alarm, I saw a woman, Mrs. Perry by name, who, in stepping from the door, had slipped and fallen upon the icy ground. Hitching my horse, I walked rapidly towards her. As I came near, two men came out of the house, and, lifting her erect, assisted her inside. While they were bearing her along, I noticed that the right foot turned in upon the dorsum of the left; and I said to myself—"Case of dislocated femur upon the dorsum illii." Expressing my opinion to the friends of the woman, I said, "You must send for Dr. Swett to reduce it." A messenger was directly dispatched, who upon the way met Dr. Mason Hatch, a respectable practitioner of medicine, but less skilled in surgery. The doctor being requested to call, did so. and examined the hip by passing his hand over it, saying that he guessed the

hip was not out of joint; and bringing from his sleigh a box of Kittridge's ointment, directed it to be applied three times a day to the hip, saying at the same time that he thought the patient would be well in a few days. After the learned doctor's departure, I repeated my opinion that the hip was dislocated, and that Dr Swett must be summoned to put matters right. While the horse was being harnessed the second time, I concluded to make some examination of the limb for the purpose of reassuring myself of the correctness of the diagnosis. Grasping the leg with my right hand, I flexed the leg upon the thigh, and the thigh at right angles with the body. The old lady, for thus I considered her then, although but forty, complained of my hurting her; and some how the limb became fixed in the position, and could not well be moved. It seemed locked, and could not be moved further without considerable force and pain. With the view of relieving my patient from this uncomfortable state, I stepped upon the bed, standing with her limb between my own limbs, and placing the dorsum of her foot upon my nates, and my right hand under the bend of her knee, I lifted her hips from the bed, holding her steadily in that position a few seconds, when the head of the dislocated bone slipped into the socket, accompanied by that peculiar audible shock which so delights the surgeon's ear. She immediately exclaimed, "I am well! I am well!" Of course, it was unnecessary to send for Dr. Swett now, so the horse was returned to the stable.

On my return to Newport village, I found Dr. Kittridge, of Claremont, N. H., present, with Dr. Swett, and I immediately related the incident as above described. I was informed by the two justly eminent surgeons that it was not a case of complete luxation, but that the head of the femur got caught upon the edge of the acetabulum, and that my manipulation had, fortunately and accidentally lifted the bone into the socket. This announcement made my hat and

coat seem very small; but I accepted the situation with a submissive grace, although I never forgot the method of reduction. Keeping it in mind, I intended to apply it in my next case, which I confidently expected to meet with sooner or later.

September 21, 1848, I was called to a little girl ten years old—Minnie Clark—who, while climbing upon a heavy gate resting upon the fence, fell upon her back, the gate falling upon her, dislocating the right femur upon the dorsum illii. I attempted reduction by the method resorted to in the case of Mrs. Perry, but failed, in consequence of the great rigidity of the muscles, the light weight of the body of the child, and the want of an anesthetic. So I sent for Dr. Dixie Crosby, who reduced it with Jarvis's adjuster, after saying that he disliked to apply so powerful an instrument to so young a subject, fearing that he might separate the epiphysis at some point. Jarvis' adjuster was very generally used at that time, and in that vicinity, to reduce dislocations.

The 16th of July, 1872, I was called, in consultation with Dr. Sperry, of West Hartford, Vermont, in the case of a French Canadian, Lewis Baumhar, a section hand on the Central Vermont Railroad, who, while helping to carry a track-rail, fell on his right knee, the rail slipping from his shoulder and falling upon the sacrum, dislocating the right femur upon the dorsum illii. When I arrived, Dr. Sperry asked me if I had my pulleys with me. I answered that I had the pulleys which the Almighty furnished me with. Said the doctor, "You can't set the leg without pulleys." I answered that I could try. After the patient was fully chloroformed, the muscles being thoroughly relaxed, I stepped upon the bed, and flexed the leg upon the thigh, and the thigh at right angles with the body, and placing his foot between my legs, and my hand beneath the bend of his knee, I lifted the hips well from the bed, and held them immovable in that position less than half a minute, when the head of

the thigh bone returned into the socket with a sensible and audible shock. The reduction was accomplished so quietly that the doctor did not notice when it occurred, nor did he understand the method used, and at first questioned the fact of its having been reduced.

September 25, 1874, I was called, with Dr. Davis, of Lebanon, New Hampshire, in the case of N. S. Huntington, of Hanover, New Hampshire, a brakeman on the Central Vermont Railroad, who, while coupling cars at Claremont Junction, had his right hip dislocated on the dorsum. Chloroform was administered by Dr. Davis, and I reduced this dislocated femur in the same manner as in the case of Baumhar, and with the same facility.

January 13, 1877, called, in consultation with Dr. B. F. Eaton, of Hartford, Vermont, to see A. Woodbury, a freight brakeman, who had his left hip dislocated while coupling cars at Bellows Falls, Vermont. Dr. Eaton gave the chloroform, while, by the same method as in the above described cases, I returned the dislocated bone to its proper place in less than half a minute.

These four cases are all I have to relate as testing this new, easy, and, I claim, unfailing method of reducing luxations of the hip joint. It will be noticed that they are all cases of dislocation on the dorsum illii; but, at the same time, we should be reminded that the dislocation on the dorsum is the type of all luxations of the femur, and that before the reduction is accomplished in other and rarer forms, the head of the thigh bone is thrown on the dorsum by manipulation before it can be returned to the acetabulum. Indeed, it is not uncommon for the head of the femur to be changed from one position to the other several times during the manipulations before it can be returned to the socket, in cases of pubic and ischiatic forms of displacement, by the method of Nathan Smith.

By my method, the lower part of the body is lifted from the floor and held immovable. This maneuver relaxes the

femoral ligament, and the weight of the hips and opposite limb rotates the body outward, producing sufficient abduction and extension to quietly draw the acetabulum over the head of the femur, and at the same time compelling the patient to become "particeps criminis" in case of a suit for mal-practice. — *Ohio Med. and Surg. Journal.*

## Abstracts and Gleanings.

**ANTISEPTIC SURGERY.**—Lister's system is not the application of peculiar dressings, or the use of particular antiseptics. It is a method of treating wounds based on the "germ theory," and its principal aim is to prevent the entrance of germs into wounds, to destroy them if already there, and to guard against the accumulation of wound secretions. In order to attain this end he surrounds the patient with a series of precautionary measures, which have from time to time been improved on by him. These require peculiar materials and appliances, of which I present the latest phase that came under my observation. They are enumerated without particular plan. Where the mode of preparation is not indicated, it will suggest itself; where it is described, it is adapted as much as possible to self-preparation, thereby facilitating the introduction of the system by diminishing its greatest objection—the cost. Their use is described as concisely as possible, and will become clearer when I shall treat of the mode of operating and dressing.

1. Carbolyzed Solution (Acid. carbol. cryst. 5, aqæ. 100) is used to clean the neighborhood of wounds before operation, to disinfect the hands of surgeon and assistants, and instruments, to wash out septic wounds, and clear drainage tubes.

2. Carbolyzed Water, a 2½ per cent. solution of crystalized carbolic acid in water. It is used in the spray, and to wet the "lost gauze."

3. Carbolyzed Oil (Acid. carbol. cryst.

5, ol. oliv. 100), to oil catheters or other instruments, or fingers when about to be introduced into some of the cavities. It is also employed when a constant direct contact of the antiseptic with the wound is necessary, as in caries,—or where the gauze dressing cannot be applied, as in abscess of the rectum.

4. Solution of Chloride of zinc (8 per cent), 1 part of liq. zinc. chlor. mixed with 3 parts of water. Where wounds have been exposed, unprotected to the access of atmospheric air, or where, from mistake in dressing, aseptic wounds have become septic, they are swabbed out with this solution. It is more effective than carbolic solution, but too powerful for permanent use in the dressings.

5. The Spray. In order to prevent the entrance of living germs, during an operation or dressing, a spray of "carbolic water" is directed on the wound. The best instrument for this purpose is "Lister's spray," a steam atomizer which throws a large cone of finely divided spray. It is almost indispensable in long operations and where a considerable space of tissue is exposed. In its absence it may be replaced by the ordinary steam atomizer, of which two ought to be at hand, as they are sooner exhausted. Their suction tube is unnecessary, and a glass tube, drawn to a fine point, and bent at an acute angle, to throw the steam against wounds without necessity of tipping the instrument, may take its place. In the absence of these, or for short dressings, Richardson's spray apparatus may be used. It has, however, serious defects; it gives out frequently without apparent cause, is very fatiguing, and wets the wounds too much, as the spray is not as finely divided as that of the steam atomizer.

6. The Protective is oiled silk, coated with copal varnish, to render it impermeable, and then covered with a thin layer of 1 part dextrine, 2 parts starch, and 16 parts "carbolic solution," to facilitate adhesion of the disinfecting fluids, into which it is dipped before being applied to the wound. The pur-

pose of the "protective" is to prevent the irritating effect of the contact of the antiseptic with the wound. It is placed immediately over this, overlapping it but little.

7. The Antiseptic Gauze, a peculiar unstarched cotton gauze, selected by Mr. Lister on account of the facility with which secretions penetrate its meshes. It is prepared with antiseptics, and thus, after absorbing the wound fluids, it prevents their decomposition. Pieces of cotton gauze, six yards in length and one yard in width, are to be placed in a zinc trough and heated in the water-bath for several hours, after which they are spread out, and a hot mixture of 1 part cryst. carbolic acid, 5 common resin and 7 paraffine is poured over them by means of a syringe. They are then returned to the trough and submitted to pressure for some hours, to cause an even distribution of the fluids. The resin is to hold the carbolic acid more firmly, and prevent it from being washed out or evaporated too quickly. The paraffine diminishes adhesion of the dressing. This gauze is prepared in factories in Germany, the best known, being the "International" factory, at Schaffhausen, Switzerland.

[The above we clip from *A. C. Girard's report to the Surgeon General, U. S. A.* Other appliances are mentioned as the McIntosh, or common rubber cloth, used to keep the secretions of the wound from finding their way immediately to the surface, and to compel them to permeate the whole dressing, thus being constantly in contact with the carbolic acid.

*The Catgut*, for ligatures and deep sutures; *The Salaclyc Cotton*; *The Sponges*; *Drainage tubes*. Antiseptic Silk, Boracic Water, 3½ per cent solution of boracic acid in water, used to moisten the *boracic lint*. The *boracic ointment*, used to spread on thin cotton, and applied to ulcers and granulating surfaces.—ED.]

SURGEON-MAJOR PORTER'S SAWDUST PADS.—On May 1st, a male, aged twen-

ty-four, was caught between a fly-wheel in motion and an adjacent wall, so that his left leg was crushed, the bones being fractured in many places, and the soft parts being extensively lacerated. I found it necessary to perform a primary amputation, as low in the thigh as the bruised condition of the soft parts would permit. The stump was drained, and was dressed with carbolized oil on lint, and gutta percha tissue over this. The limb was then swung on a drop-splint, resting on sawdust pads. There was a great deal of blood-stained serum, and afterwards of grumous fluid, which oozed from the bruised tissues of the stump; but the parts of the stump in apposition healed by the first intention. The discharge above mentioned was received on a drop-pad, which was removed daily. The pad which bore the weight of the limb, and the limb itself, were not disturbed for fourteen days. The pad, when removed, was perfectly sweet, and no serum had run into or in any way soiled the bed linen. The patient is now—May 22d, three weeks after the operation—convalescent, having recovered without an unfavorable symptom, only his recovery was slow, owing to the quantity of blood lost whilst being brought up from Blackwall to the hospital. In this instance the pad was most serviceable. It enabled us to leave the thigh undisturbed for the time mentioned; and, from its yielding, it allowed the limb to mould for itself its bearings, which were, throughout, free from all discomfort. With the drop apparatus we were able to dress the stump without causing the patient the slightest pain.

A girl, aged sixteen, required to have her leg amputated immediately above the ankle joint (Syme's operation) on account of carious disease of the left tarsus. The stump was drained, covered with carbolized oil on lint and gutta-percha tissue, and was secured on a drop splint and swung. The small sawdust pad was changed during the first week every second or third day; the larger pad which supported, the leg was not

disturbed in any way for three weeks; when removed it was sweet and clean.

Apart from the question under consideration, these cases are of interest with reference to the results obtained in the treatment of severe wounds and extensive suppurations. As to the use of the pads, it may be said that they are approved by the Sisters for their cleanliness, and for the manner in which they keep the bed linen from being soiled by discharge of serum or of pus. They are easily made so as to fit as required, and they are inexpensive. When the quilting is properly attended to, they are comfortable to the patient, readily yielding to such pressure as that, for instance, caused by the weight of the leg, and moulding so as to give equable support. Whilst they effectually absorb discharge, it is as well, when this is considerable, that the pad should be changed every two or three days, but when, in addition to the pad, carbolized oil dressing is used, they can be left for a longer period. Thus, in the case of the two amputations, the pads which supported the leg in one, and the thigh in the second, were not touched for three weeks, and for fourteen days, respectively. I do not feel disposed to rely entirely upon these pads for keeping parts absolutely clean; but, in conjunction with carbolized oil, or with some kindred dressing, they are amongst the best pads with which I am acquainted, and I consider that we are much indebted to Mr. Porter for giving us an appliance which is simple, inexpensive and efficacious. I may add, that, mixed with shot, so as to give weight to the appliance, these pads may be used to give pressure, when such is desirable, as over some forms of abscess, to prevent redistension from collection of pus in a sac which has been opened—*G. W. Callender in London Lancet.*

TREATMENT OF CROUPOUS PNEUMONIA.—Dr. Robinson, in a paper before the American Medical Association, says: In the absence of the author of the paper, Dr. A. B. Palmer, of Ann Arbor, Mich.,

it was read by Dr. N. S. Davis. The paper principally dealt with the effects of quinine in the treatment of acute pneumonia. After detailing the nature of the disease, and describing the various methods of treatment, Dr. Palmer submitted his particular method. When called to a patient within twelve or twenty-four hours after the chill, or at any time before any considerable exudation has occurred, he immediately gave from six to ten grains of quinine, together with from one-fourth to one-third of a grain of morphine, which almost invariably, in a short time, from half an hour to two hours, induced free perspiration, and a reduction of the temperature. Then he repeated the quinine in doses of from four to eight grains once in from two to three hours, and unless all pain and special uneasiness was relieved, he added another, but usually a smaller dose of morphine in four or six hours, but by all means continuing the quinine in any of the last-mentioned cases until from thirty to fifty, and sometimes sixty, grains were given. Sometimes from twenty to twenty-five grains would be sufficient, given in these divided doses, or, if preferred, in doses somewhat smaller, but more frequently repeated. But as the larger quantity was harmless and might be needed, he preferred to give at least thirty, and oftener as much as forty grains in from twelve to twenty-four hours. The effect desired, and certainly as a rule produced, was a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a slower and more easy respiration, a relief from pain and the feeling of fullness in the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration. In short, not only was there a checking of the fever, but of all the evidence, general and local, of the pulmonary engorgement and inflammation; the quantity of the medicine to be given depended much upon the completeness of the effects to be produced. The slight deafness and ringing in the ears, which might

or might not result from these doses was a matter of very little consequence was almost always temporary, and should not influence the quantity given. A small quantity of quinine would produce these phenomena with some, while larger doses would fail to do so with others, and neither in pneumonia nor in ague were they the measure of the medicinal effect of the remedy, or an index of the quantity that would be required or borne. As a rule, all the treatment required after this was a gentle laxative, or if the tongue was much coated, a few grains of blue mass, followed in a few hours by a mild saline cathartic, and that in turn followed by some mild eliminative mixture.

[I have twice in my own case aborted pneumonia in the initial stage, characterized by pain in the chest and rigors, by going at once to bed, applying hot rocks to the extremities, a large mustard plaster around the entire chest, and taking a full dose of quinine and Dovers powder. The effect was speedy reaction, followed in a short time by diaphoreses and relief of pain. There was bloody expectoration in both cases, but no inflammatory action. A second smaller dose of the medicine was taken in both instances, and I kept my room about two days.—ED. W.]

COLLODION FLEXILE IN CASES OF ECZEMA.—Henry Lawson, M.D., Assistant Physician to, and Lecturer on Physiology in, St. Mary's Hospital, says: In my hands, two bad cases of eczema—E. genitale and E. capitis—collodion has shown itself so valuable a remedial agent that I lose no time in publishing the result, in order that others may try it, and see what the consequences are likely to be. I shall now describe one of the cases.

The first case was one of E. genitale. The patient, M. E—, was a woman aged about forty-seven years, married, and the mother of several children. She was a florid woman, of an active temperament, well nourished, of moderate habits of life, tolerably cleanly, and with

a pulse strong and full and about 74 in the minute. She had lost her courses about two years ago; and, indeed, her general appearance was not such as led me to commiserate her very much. However, an examination of the patient showed that she had been suffering a good deal. The whole of the neighborhood of the perineum, of the parts about the vulva, and of the inner margin of both thighs, were covered with an eruption. And what was its nature? It is difficult to describe it. It had a reddish or reddish-purple aspect, which was, of course, caused by the injection of the parts with blood; and it could be seen that certain parts were slightly raised; while over the whole surface was a sort of semi-transparent glutinous liquid mass, with here and there some scaly particles of epidermis. It did not smell badly, though the entire amount of surface exposed must have been quite a square foot; but it was accompanied by great pain, heat, and secretion of liquid matter. Indeed, the patient declared that it made her life a perfect misery.

Well, I first tried tar water, and with some success, but not enough, for after a fortnight she was nearly as bad as on the first day I saw her, and she had been fourteen months suffering under this disease. So I resolved to try the collodion flexile. I placed her on the sofa, and proceeded to literally cover the diseased parts with collodion, and then I put a second layer over the first. I next directed her to put on this material twice, or oftener, if needful, every day, and to come to me in a week and report progress. At the same time I forbade her to take tea, coffee or malt liquors, but to substitute cocoa or milk, and to take a little whisky if she desired it. Finally, I ordered her a compound colocynth pill, with podophylin, to be taken occasionally at night.

When, at the end of a week, this patient came to me, I was absolutely astounded at the progress she had made. There was not at all the same amount of secretion over the surface, and it seemed paler, while it had not extended

in the least degree. She said she felt she was getting better, and that it was not nearly so painful as it had been. Of course I simply repeated the prescription, and when she came again in a fortnight, all appearances of liquid on the surface had disappeared. The extent of the affected parts had diminished, so had the pain, which was now nearly *nil*. In fact, the remedy had acted most satisfactorily, and there was nothing to do but repeat it. This course was followed out by the patient for about two months, at the end of which she presented herself completely cured of the painful E. genitale.—*London Lancet*.

A NEW INSTRUMENT FOR THE ADMINISTRATION OF COMPRESSED AIR.—Dr. F. H. Davis, of Chicago, has devised a new instrument that is designed to be a cheap substitute for the more expensive ones, such as Waldenburg's, now in use. It consists of a small gasometer, fifteen inches in diameter by twenty-four inches in height, and should be made of galvanized iron. On the side of the outer tank two upright bands are soldered, embracing between them a slip of wood that reaches twelve inches above the tank, and to the extremity of which is hinged a wooden lever two feet long. A handle in the middle of the inner tank is attached to the middle of the wooden lever. But slight exertion on the part of the patient in raising or lowering this lever, produces all the pressure or suction necessary. The apparatus can be made by any tinsmith, and with three feet of three-quarter inch hose, costs from four to five dollars. The patient inspires the compressed air, or, *vice versa*, expires into rarefied air and inspires again the ordinary atmosphere. To obtain more marked result two gasometers are sometimes employed—one to inspire from, and one to expire into. As the fever is raised the patient expires into the one, the other being at the same time raised full of fresh air; he then inspires the fresh air as the lever is depressed, the foul air at the same time emptying itself from the first tank. One



mouthpiece only need be used, and a light gauge may be attached to show the exact amount of pressure or suction. Fitted out in this way, the apparatus would cost from fifteen to twenty dollars. Dr. Davis has seen the advantage of this treatment in several classes of cases. It has been chiefly in those young persons of slight physique, whose chests were flat and narrow, and had deficient expansive power. While physical examination showed no tubercular deposits, there was a sensitive condition of the air-passages, causing frequent attacks of cold. In such persons the inhalation of compressed air from five to ten minutes, once or twice a day, produced very decided improvement. Under its use, in combination with some tonic, such as the malt extract, or cod liver oil, the patient's condition improved, his carriage became more erect, inspiration deepened, and the sensitiveness to catarrhal attacks lessened. Where there is incipient or primary tuberculosis, such as is shown by a loss of flesh and strength, with diminished appetite, shortness of breath on exercise, slight pains in the chest, usually a hacking cough, and expectoration of a mucous character, rather harsh bronchial respiration, and more or less dullness on percussion, it is thought that the question of improvement under compressed air will depend a good deal upon the hereditary taint. When the phthisis is *inflammatory* in its origin, the best of results may be anticipated, unless the stage of softening has commenced, and then this treatment should not be attempted for fear of hemorrhage. In emphysema and valvular diseases of the heart, the author has had no experience.—*Chicago Med. Jour. and Examiner*, Oct. 1877.

**THE TREATMENT OF PULMONARY CAVITIES.**—The following important suggestions are from an article in the *London Medical Times and Gazette*, by Dr. R. D. Powell, of the Brompton Hospital for Consumptives: In the treatment of secreting cavities, the objects we have in view are (1) to lessen secretion, (2) to

promote evacuation of what secretion is formed, and (3) to disinfect such cavities. Counter-irritation, of little use, I believe, whilst cavities are still forming or extending, is of great service in these cases. When we remember that in chronic excavation of the lung we almost invariably get an intimate union of the two pleural surfaces, and an anastomosis of their vessels, we may see why the application of a blister externally may affect such cavities. As a matter of fact, they do influence them most decidedly. Strong iodine applications (two drachms to the ounce), or fly blisters, or perhaps a blister kept open for a few days by the use of savin ointment dressing, are the forms of counter-irritation suitable to different cases. Under their use the cough and expectoration frequently diminish. Acids and astringent iron tonics and oil are needed. Sedative cough mixtures are directly contra-indicated in these cases, except for the purpose of giving rest at bedtime. It is in these cases the inhalations are most useful; for, firstly, there being no actively spreading disease present they can do no harm; secondly, we can, by their use, render less noxious the pus that bathes the surface of the cavity, and which is apt to become inhaled during the effort of expectoration into distant parts of the lung; thirdly, inhalations help expectoration; fourthly, there can be little doubt that appropriate inhalation sometimes have a healing or an alterative effect upon the internal surface of the cavity.

The best substances for inhalation are—iodine (vapor *iodi*, B. P.,) only to be used occasionally and for a few days together; carbolic acid (glycerine of carbolic acid, one drachm to two drachm, to half a pint of hot water;) or tar water (liq. carbonis detergens, one drachm, to half a pint of water:) useful disinfecting and, except iodine, somewhat sedative inhalations, that may be employed two or three times a day. They may be taken very well from a deep jug, or a Nelson's inhaler, with the sponge removed. Friar's balsam, tincture of larch, turpentine, etc., may be similarly em-

played from time to time. Perchloride of iron or other astringents may sometimes be used with Siegle's spray apparatus; but I have myself failed to find atomized astringents useful in these cases, and doubt if they penetrate so far as vapors inhaled in the ordinary way. Salt air, and perhaps especially sea-shore air, containing more or less salt spray, is usually beneficial to these patients; some liberal diet is, of course, necessary.

Medicinally these cases may be combated by quinine, internally, or in some cases full doses of perchloride of iron, or sedative inhalations containing tincture of benzoin and opium; hyoscyamus and chloric ether, carboic acid and opium, etc., are useful. Ipecacuanha wine, administered as spray, with Siegle's inhaler, is worth a trial, but patients suffering from this condition of cavities are often too prostrate to bear the fatigue of inhaling. If the more active general symptoms should lessen, but a blood-stained and copious expectoration still leads us to infer that the walls of the cavity are hyperæmic, I am convinced, from observation, that the best treatment is to apply a blister over the region of the excavation, and to keep it freely discharging for several days, by means of savin ointment dressing. I have seen active symptoms completely subside under this treatment—which is, however, somewhat severe and painful—and the cavity subsequently contract, the expectoration, from being abundant and sanguineous, becoming scanty, viscid, and apparently consisting of bronchial mucus only.—*Medical & Surgical Reporter.*

#### COLOCYNTH FOR ABDOMINAL PAIN.—

Dr. James I. Tucker writes to the Chicago Medical Journal and Examiner: "I state without fear of successful controversion that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, provided it be used in the proper dose. I refer to simple but nevertheless distressing idiopathic pain, so to speak; pain due to excessive stimulation of the nerves engaged in

keeping up the harmonious rhythm of the vermicular movement of the bowels. In such cases I employ not the solid extract, but the *tincture*; and I use the tincture in such small quantities that I expect to meet a large amount of incredulity growing out of *a priori* conclusions. But why, pray, if ipecac in minute doses can allay nausea and vomiting, may not colocynth in small doses allay the ver, griping which in large doses it is capable of producing? I use only just so much of the tincture as to render the excipient—generally water—slightly bitter. In teaspoonful doses, repeated *pro re nata*, I have seen the most speedy relief from very violent griping. Now, since the therapeutics is the ultimate aim of classical or humanitarian medicine, I hope much more attention will be paid hereafter to the hitherto unutilized virtues of drugs which have been supposed to have but a very limited applicability. It will be found that our methods of ascertaining the therapeutical possibilities of drugs are lamentably meagre, and without honest original research we bow too willingly to the shrine of supposititious authority. The truly medicinal properties of many of the drugs in common use lie latent, dormant, and neglected, ready at any time to grow and bud and blossom, like the germinal principle which was at last discovered in the wheat grains found in the Egyptian catacombs. It is the duty of every practitioner to contribute the results of his experience to the common store of knowledge; not, indeed, to tell us what misery he can occasion by doses of this or that, but how far this or that has contributed, by a careful artistic application, to alleviate the sufferings of mankind. The basis of observation has been hitherto very inadequate; but the time is coming—nay, is already here—when the action of drugs may be ascertained with mathematical accuracy. I mean by the neurological method of therapeutics. To this fact, and to the other virtues of the bitter cucumber, which are an illustration of this fact, I now endeavor to call the attention of

the medical profession. Therapeutics resting on a neurological basis is to be the therapeutics of the future.—*Louisville Medical News*.

HOW THE CHINESE MAKE EUNUCHS.—The following curious description is given by a writer in the *Lancet*:

The operation is performed at an establishment maintained for the purpose, immediately outside one of the palace gates. The operators are known as "knifers," and they contrive to keep the trade in their own families. For each castration, and the subsequent care of the ease, they receive the equivalent of about £1 16s. sterling. When about to be operated on, the patient is placed in a semi-supine position, on a broad bench. One man, squatting behind him, grasps his waist, and one man is told off to each of his legs. Bandages are fastened tightly round the hypogastric and inguinal regions, the penis and scrotum are three times bathed with a hot decoction of pepper pods, and the patient is finally, *if an adult*, solemnly asked whether he will ever repent. If he appears doubtful, he is unbound and dismissed, but if his courage has held out, as it usually has, all the parts are swiftly swept away by one stroke of a small sickle-shaped knife. A pewter plug is inserted into the urethra, the wound is covered with paper soaked in cold water, and is firmly bound up. The patient, supported by two men, is kept walking round the room for two or three hours, after which he is permitted to lie down. For three days he gets nothing to drink, nor is he allowed to pass urine. At the end of this period the dressings are removed, and the plug is taken out. The parts generally heal in about one hundred days, when the patient is inspected by an old and experienced eunuch, in order to make sure that the mutilation is complete. About two per cent. of all cases prove fatal, some by hemorrhage and some by extravasation. For a long time after the operation there is nocturnal incontinence of urine.—*Medical & Surgical Reporter*.

MENTAL EMOTION AS A CAUSE OF IMPOTENCE.—Now, there are no organs in the body so readily influenced by mental emotions as the genital organs, and mental emotion is one of the commonest causes of impotence in existence. Impotence of this nature may occur in married or single men in comparative health, as well as in those who have masturbated to excess. In the latter it is more apt to take place, but you will find very many cases where there is no other assignable cause but mental emotion. Troubles in business, anxiety about the health, family jars, a fit of indigestion, a disagreeable remark from one of the interested parties, a leucorrhœal discharge with a fetid odor—in fact, any uncomfortable feeling whatever which takes the mind away from the act, will bring on impotence; and, when one failure occurs, no matter how trivial the cause, others are sure to follow. Fear is an essential element in many cases—fear that the act cannot be accomplished; it is this fear which produces impotence in many who have masturbated. They read in advertisements and elsewhere of their loss of manhood, and the very first attempt at intercourse fails, even when there is really no loss of power. Temporary impotence has been produced in a healthy man by a friend's recital of his own surprising failure. The thought of the accident which befel the friend occurred at the wrong time, and he too failed.

I might go on with innumerable instances of such cases of impotence, but our time will not admit of it; neither do I think it necessary. But I do wish you to be impressed with the idea that emotions cause impotence in most patients, and that such impotence is always amenable to treatment, and can, with rare exceptions, be recovered from.—*Prof. Howe in Med. Record*.

VERATRUM VIRIDE POISONING.—Dr. Elrich. This was occasioned by the reading of Dr. Lynch's paper before the Medico-Chirurgical Faculty, on the subject of veratrum. Years ago I had used

this drug, and had such unpleasant results follow that I abandoned it, but Dr. Lynch induced me to give it another trial. A child, sixteen months old, had membranous croup, so far as I could determine, although there was no false membrane discharged, nor patches on the fauces. Two drops were ordered every two hours. After taking a few doses it vomited, and the breathing was relieved. One morning the mother gave a teaspoonful in place of a cough mixture; it commenced vomiting soon after, its extremities became cold, a cold clammy perspiration appeared, and it seemed to be in collapse. As Dr. Lynch recommended opium as the antidote for any unfavorable symptoms, I injected three drops of deodorized tincture of opium, and in a short time the alarming condition disappeared.

Dr. Wintermitz. It will invariably act in that manner unless combined with an opiate. If an opiate had been given with it, no ill effect would have been seen.

Dr. Rohe. I hope Dr. Wintermitz does not recommend teaspoonful doses, even when combined with opium.

Dr. Seldner. In spite of its combination with opium, as soon as the pulse is reduced, it will produce emesis of such obstinate and depressing character, that I have abandoned its use.

[For more than twenty-five years we have used *Norwood's tincture veratrum*. Once, by mistake of a nurse, twenty-drop doses were given every two hours, until two drachms were taken, with no other effect than frequent vomiting, and a degree of prostration not so great as would have resulted from emetic doses of lobelia. While this fact shows that viratrum is not so dangerous and poisonous as has been supposed, yet it is not necessary or advisable to give large doses, when smaller ones will accomplish the object for which it is usually prescribed, to-wit: the reduction of the pulse. We never fail to accomplish this with two to four-drop doses, given every two hours, to an adult. Given thus, it rarely nauseates the stomach. It is true, as above

stated, that opium counteracts the tendency of the remedy to produce nausea; and yet it does not prevent its sedative action upon the circulation.—Ed. W.]

CHLORAL DRINKER.—“In June, 1875, I thought chloral hydrate might be something nice, I looked over all the Druggists' Circulars at hand, and concluded that it was harmless in thirty grain doses. As we had none in the store, I went to another drug-store and purchased one ounce. I took thirty grains of it in a tumblerful of water, which had a pleasing effect. I then took thirty grains more, which seemed to take away my memory. I followed it up for two days, every little while taking thirty grains largely diluted with water. During those two days I swallowed three-fourths of an ounce of chloral hydrate. At last I could not hold anything in my hands, which were partially paralyzed. I had to be assisted home, and went to bed and slept most of the time for one day and two nights. I then went about my business, but of all the sufferings I ever endured I think this was the worst. I was not free from pain a moment for thirty days. The pain was greatest in my knees and legs. I would go to bed at night, get in an easy position, and lie perfectly still, and not stir in the least, and finally would go to sleep. The first thing on awaking were those dreadful pains. I took nux vomica and phosphorus pills, but they did me no good; the disease had to wear itself out. The sufferings resembled those of the opium-eater when deprived of the drug. With one or two exceptions, I can not recall any thing that transpired during those two days. I think that I had a narrow escape from death. I shall not take any more chloral hydrate.”—*Drug. Circ.*

COLD AND SWEATING FEET.—Dr. Rum-bold in Virginia Medical Monthly, says: If there is foetor from the feet, salicylic acid and bromide of potassium: aa grs. v ad. oz.j of “vaseline,” will, in a few bathings and annointings, correct this condition.

Plunging the warm feet in cool water immediately on getting out of bed in the morning, has, frequently, a good effect.

Boots that are thin or tight, and shoes that are low in the ankles, should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and soles—the latter made wide—are the proper coverings for the feet, in cold or damp weather.

India-rubber overshoes should be worn in wet or damp weather only, and they should be removed from the feet as soon as the wearer enters the house.

Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is *mysteriously* (?) contracted, is to exchange a pair of warm boots for a pair of low slippers. Those who do this have forgotten that their feet and ankles had been protected all day, and that they have not only uncovered them, but placed them in the coldest stratum of air in the room. If they had taken the precaution to draw on over the stockings which they usually wear a pair of heavy woolen socks, the chances for taking cold from wearing the slippers would have been greatly decreased.

**DIAGNOSIS OF HIP-DISEASES IN CHILDREN.**—In examining a child suspected to have hip-disease, be careful to place him on something firm and flat—a table covered with a blanket, a leather couch, or the floor. If you use a soft bed, he will sink into it, and you will perhaps overlook even a considerable deformity. Do not be content with any thing short of a thorough examination. Do not pretend to say whether a child whom you have examined, with his trousers on, has or has not hip-disease. Let him be undressed, so that you can move his limbs without being hindered by his clothes. Girls past early child-hood may be fully examined, if you use a shawl or a loose sheet to cover them. 1. You must look for abnormal posture of the limb or of the pelvis; 2. For stiffness at the joint; 3. Observe whether

the glutei, or the muscles of the thigh, are wasted, or whether any, especially the abductors, are rigid; 4. Or whether there is any swelling about the joint or in the thigh or the iliac fossa; 5. Notice the relation of the trochanter to the side of the pelvis as compared with that of the opposite side; 6. Look to the length of the limb as compared with that of its fellow; 7. See how the patient walks, if he be able to do so; 8. If he have pain, learn its situation and its character.—*Howard Marsh, in British Medical Journal.* —

**MASTURBATION.**—There are certain gymnastic exercises which are provocative of masturbation, and which should be prohibited until manhood is reached. These exercises, too, are common in all our school gymnasiums, as well as public gymnasiums. My attention was first directed to this important fact, a few years ago, by the history which a confirmed masturbator gave me of his first experiences. When a lad of eight he commenced exercising in the school gymnasium. One day, while using the swinging pole, sustaining the whole weight of his body by his hands, he felt a peculiar sensation in his genital organs, which became so intense that he was compelled to sit down. Every time he resumed the exercise the same pleasurable sensations returned. They led him to a closer examination of his genital organs, and subsequently to new methods of increasing the excitement, until he became a confirmed masturbator. Since then, I have had a somewhat similar history from five other persons, one a female, confirming the opinion which I now hold, viz.: that all exercises, such as climbing and sliding down poles, swinging from rings or ropes—the body being supported by the hands alone—should be dispensed with until the age of twenty or thereabouts; then there is less danger of determination of blood to the genitals as a consequence of these exercises.—*Prof. Howe in Med. Rec.*

**SCHIFF ON THE FUNCTIONS OF THE SPLEEN.**—The spleen appears to in-

cease in volume from the fourth to the seventh hour of gastric digestion. During the digestion, or rather during gastric absorption, the spleen prepares the ferment, which, entering with the blood into the tissue of the pancreas, forms in this latter a special substance into pancreato-pepsine or trypsin, a material suited to digest albuminoid bodies. After extirpation of the spleen, the pancreatic juice loses its digestive power on the albuminoid bodies, though it preserves its other digestive properties. The duodenal digestion of albuminoid substances is no longer marked by its energy and rapidity; it becomes weak just as in other parts of the small intestine. After removing the spleen, the matter destined to form the pancreato-pepsine accumulates in large quantity in the pancreas, and can still be transformed into pancreato-pepsine by those chemical influences which after death attend the commencement of putrefaction. After the nerves of the spleen have been destroyed, the organ remains flaccid; it no longer becomes tumid, but atrophies, just like the erectile tissues when the vascular nerves have been paralyzed.—*La France Medicale*, 79, 1877.

**ABORTIVE POWER OF ALCOHOL IN DIPHTHERIA.**—I was called on a Sunday evening by my friend, Dr. Burge, to see a lady whose child had died the previous morning, of diphtheria. She had held the child most of the time of its illness, and kissed it repeatedly and frantically on the lips, as putrescent matter flowed from them in its last moments. Friday and Saturday she had had an exudation of moderate extent in the fauces, but now she had, in addition, a diffused intumescence and induration of the neck. Seeing that the patient had inhaled the child's breath for six days, had had patches on both tonsils for two, and had applied her mouth to the poison many times, I mentioned to the doctor that we had all the conditions present foreshadowing a malignant case, and that regarding alcohol as a true antidote, I would advise its admin-

istration in full doses, the same as when the disease was at its height. Besides the quinine previously prescribed, the patient took a tablespoonful of whisky every hour with this result: she attended the child's funeral on Tuesday, and in a day or two regained her usual health. In this case, the abortive power of alcohol was fully manifested—a power it rarely fails to assert.—*Dr. Chapman in Society County Kings.*

The American Pharmaceutical Association held its Twenty-fifth Convention at Toronto, Sept. 4th to 7th. Brooklyn was represented by Messrs. Cutts, Heydenreich, Sayre, Menninger and Dr. Squibb. The action taken by this convention concerning pharmacopœial revision was diametrically opposite to that taken by the American Medical Association at Chicago. Not only did it ordain the appointment of a strong committee who are to prepare the text of a modernized pharmacopœia, but it tendered to Dr. Squibb a vote of thanks "for his earnest efforts during the past two or three years to inaugurate an improvement in the plan of revision." This resolution, introduced by Mr. Sheppard, of Boston, was affirmed unanimously. In this connection, *The Druggists' Circular* says: "The project devised by Dr. Squibb was treated by the A. M. A. with undeserved harshness, both towards the project and its projector—in fact, in a manner that was but little short of contemptible."..... The committee above referred to is composed of Charles Rice, Chairman; F. Hoffman, Bedford Maisch, Remington, Bullock, Markoe, Sheppard, Hancock, Ebert, Diehl, Wayne, Crawford, Mohr, Painter, Saunders.—*Society Co. Kings.*

**WHEN NOT TO GIVE IRON.**—In the current number of the Practitioner Dr. Milner Fothergill has contributed a few practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as

the tongue is thickly coated, or red and irritable, it is well to withhold chalybeates altogether. This is particularly true of phthisis. No matter what the other indications are, it is useless and sometimes worse than useless to give it without the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is in the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm.—*Louisville Medical News*.

**CYANIDE OF ZINC IN RHEUMATISMAL NEURALGIA.**—Dr. Lutton, of Rheims (*Bull. Gen. de Therap.*), again calls attention to the value of the cyanides in the treatment of rheumatism. He gives notes of two cases, one of sciatica, followed by trifacial neuralgia and delirium, where the remedy was administered according to the following formula:

R. Zinci cyanid. .... 8 grains.  
Aq. destillatæ. .... 6½ drachms.  
Mix. Mucilag. acaciæ. .... 4 drachms.

Sig.—Tablespoonful every hour. Shake well before using.

The effect produced was surprising. The patient suffered less the first day after commencing treatment, the accompanying fever abated, the pain became tolerable, sleep and appetite returned. Within three days the disease was cured, and did not return. A second case of trifacial neuralgia, accompanied by acute articular rheumatism, fever, cerebral trouble, was cured rapidly by the same means. Dr. Lutton gives notes of both of these cases. In the remarks which follow, he takes occasion to complain of the unmerited neglect with which this remedy has

been treated by the profession, and complains almost bitterly of the popularity of propylamine and salicylic acid.—*Philadelphia Medical Times*.

**PATENT NOSTRUMS.**—*R. R. R.* consists of a reddish yellow liquid which smells of ammonia and camphor. Contains 14 parts of soap, 40 parts of ten per cent. ammonia, 640 parts of alcoholic extract of cayenne or Spanish pepper, 4 parts of camphor, and 2 parts of oil of rosemary.

*Mrs. Winslow's Soothing Syrup* consists, says Hager, of 8 parts of white simple syrup mixed with 1 part of a tincture made by extracting 10 parts of freshly crushed fennel seed and 1 part of oil of fennel white 60 per cent. spirits.

*Sozodont.*—This reddish liquid consists of a solution of 5 grammes of oil soap in 6 grammes of glycerine, 30 grammes of spirit, 20 grammes of water, perfumed with a few drops of oil of peppermint, oil of cloves, oil of cinnamon, and oil of anise colored with cochineal. The powder is a mixture of carbonate of lime, magnesia, and orris root.

*Worm Lozenges* contain 1 part of calomel, 6 parts of santolin, and 290 parts of sugar.

*World's Hair Restorer* contains, says Wittstein, 5.6 grammes of sulphur, 8 grammes of sugar of lead, 100 grammes of glycerine, and 200 grammes of aromatic perfumed water.—*New Remedies*.

**WHEN SHALL THE LYING-IN WOMAN GET UP?**—In a discussion upon the above subject before the Society of the County of Kings, Dr. B. M. Briggs remarked:—

Flexions and other uterine complications will follow too long rest, just as truly as they follow a premature getting up. His practice is to advise a gradual assumption of the upright posture, beginning generally on the fifth day. • The patient is not to lift anything heavy, or do hard work for a fortnight. . . The too common practice is to make unnecessary changes in the diet; he orders a diet almost similar to that taken before delivery.—*Med. Society County Kings*.

## Practical Notes and Formulæ.

**HYDROBROMIC ACID IN PRESCRIPTIONS.**—Dr. D. C. Wade. (*Detroit Med. Jour.*) suggests the following method for preparing hydrobromic acid, and the several formulæ annexed :

### DILUTE HYDROBROMIC ACID.

- I. Bromide of potassium.....120 grains.  
 Crystallized tartaric acid....153 grains.  
 Water.....1 fluid ounce.

Dissolve the salt and then the acid in water, and place in cold water for several hours, or until precipitation ceases, and decant. The results of the reaction are the formation of bitartrate of potassium (cream of tartar), which is nearly insoluble, and sufficiently pure hydrobromic acid diluted with water, each fluid drachm of which contains ten grains of bromine. By preserving this proportion, any quantity can just as readily be made.

The affinity of hydrobromic acid for bases is between that of hydrochloric and hydriotic acids. I have prescribed it most frequently in half drachm doses well diluted.

### III. Dilute hydrobromic acid.

Syrup.....of each one fluid ounce.

Mix and write—Teaspoonful in water.

This is not unpleasant to the taste, and may be given to obtain the constitutional effects of bromine as usually administered in combination with a base. It also acts like other mineral acids in being tonic, refrigerent, solvent, alterative, etc., and is very useful in the "bilious" conditions, including fevers, where the morbid symptoms recede with the coating on the tongue. I use little else in remittent fever.

### IV. Sulphate of quinia....15 to 80 grains.

Dilute hydrobromic acid.

Syrup.....of each one fluid ounce,

Mix and write—Teaspoonful in water.

This is extremely bitter, and in this respect cannot be improved by other additions. Like other acidulous preparations it is incompatible with licorice. Bromine has the power of modifying, in a marked degree, the cerebral effects of quinine; hence the value of this combination, aside from the alterative and

other properties of the acid. In all cases of intermittent fever, I continue an antiperiodic from ten to thirteen days after the paroxysm ceases, and for permanent and other satisfactory results, this combination has proved to be far superior in my hands to any other not contained in the acid.

### V. Sulphate of cinchonia....15 to 45 grains.

Dilute hydrobromic acid.

Syrup.....of each one fluid ounce.

Mix and write—Teaspoonful in water.

I can discover no difference in the effects of cinchonia and quinine, except that the latter is to be preferred as a stimulant. I prescribe cinchonia because of its cheapness.

### VI. Red iodide of mercury.....1 grain.

Dilute hydrobromic acid....1 fluid oz.

Fluid extract of orange peel.

Syrup.....of each four fluid drachms

Mix and write—Teaspoonful in water.

The iodide of mercury is decomposed, the bromide being formed with the elimination of the iodide in the form of hydriotic acid. Mercury may be given in this manner for a long time without producing ptyalism, the salt being rapidly excreted.

### VII. Fluid extract of ergot.

Syrup....of each four fluid drachms.

Dilute hydrobromic acid....1 fluid oz.

Mix and write—Teaspoonful in water.

**HYDROBROMIC ACID IN CEREBRAL HYPERÆMIA.**—I do not believe that any other combination equals this for efficiency in cases of cerebral hyperæmia. It is not only indicated where venesection would appear beneficial, but it may be administered by enema in a case of intercranial hæmorrhage, with the likelihood of arresting the transfusion, by capillary restriction, when an additional depletion of the arterioles, by artificial abstraction of blood, would still further endanger life without influencing the hæmorrhage, and is consequently positively contra-indicated.

**HYDROBROMIC ACID IN VERTIGO AND EPILEPSY.**—Ergot and hydrobromic acid will be found to be promptly useful in the vertigo of plethora, with confusion of ideas, or where a determination of blood to the brain is prone to occur from other causes.



VIII. Fluid extract of stramonium....160 drops.

Dilute hydrobromic acid.

Syrup.....of each one fluid ounce

Mix and write—one half teaspoonful in water, the dose to be increased until the specific effects of the stramonium are marked, and there to be maintained.

I offer this combination as a prescription for epilepsy. I will simply say of it, that its effects in this disease are remarkable, and I think I have reason to consider it superior to any other plan of medication.

#### FOR ACUTE BRONCHITIS.

IX. Tartar emetic.....2 grains.

Denarcotized tincture of opium....2 fluid drachms.

Dilute hydrobromic acid....1 fluid ounce.

Syrup, to make.....2 fluid ounces.

Mix and write—Teaspoonful in water.

#### AS A TONIC AND NERVINE.

X. Syrup of bromide of iron.....4 fluid drachms.

Bromide of quinia .....16 grains.

Dilute hydrobromic acid .....1 fluid ounce.

Syrup.....4 fluid drachms.

Mix and write—Teaspoonful in water.

The wide applicability of this tonic is readily suggested by its composition.

#### HYDROBROMIC ACID IN NERVOUS DYSPEPSIA.—

XI. Sub-carbonate of bismuth,..80 grains.

Dilute hydrobromic acid,..1 fluid ounce.

Dissolve and add

Saccharated pepsine,.....80 grains.

Syrup, to make.....2 fluid ounces.

Mix, filter and write—Teaspoonful in water.

This is preferable to ammoniated citrate of bismuth with pepsine, because it is not only permanent in the bottle, but it is not precipitated in the stomach, as is the citrate. Its indications are evident to the professional reader. To it may be added pancreatine, with or without the pepsine.

I trust I have shown by the foregoing formulas how readily bromine may be exhibited in an elegant manner, combined with other well known remedies. These formulas, however, are only intended as skeletons, upon which a great variety of changes may be rung to suit the "notions" of the prescriber.

Elixirs instead of syrups may be substituted, and additions of flavors may be

made to render the medicine more palatable. The doses given are for adults, and the frequency of their repetition in each case is to be determined in accordance with the circumstances.

Sedation is an indication in almost all diseased conditions, not only as a palliative, but to finally obtain radical results, by the greater curative efforts nature may make in the absence of irritation, aided, if necessary, by artificial means. It is no surprise, then, that the only known mineral sedative, being also a powerful alternative, should have found so prominent a place in the medical art; yet taking into consideration the facts that the salts of this drug are the preparations of it almost universally prescribed, and that they must be decomposed in the stomach, and hydrobromic acid produced before the effects of bromine can be obtained in any case, and that these salts cannot conveniently be combined with other medicines, it is an easy matter to gain the impression, that in the light of our present knowledge, there are too many who follow a very clumsy and unscientific method of exhibiting one of our most valuable therapeutic agents.—*Detroit Medical Journal*.

SCRAPS OF PRACTICE.—We are indebted to Dr. J. R. Bristow, Farmington, Texas, for the following notes or "*Clinical Scraps*."—Case 1. Mrs. F., aged thirty-five, nursing fifth child about ten months old. Attention called to a tumor in the breast size of a partridge egg. Tumor isolated and well defined, painless, no interference with function of gland. Pronounced it innocent enlargement of one of lacteal glands, and advised stimulant liniment, with friction to the part. After giving directions in regard to tumor she said that she had had a like tumor in the same breast when nursing a former child, and it disappeared when the child was weaned. Are these tumors frequent? I do not now recall an allusion to them in medical literature.—B.

*Peculiar Insanity*.—Case 2. Mr. J., aged twenty-three. Was called to

see him in third week of typhoid fever. Case progressed well for four days, and patient seemed convalescent; fever had ceased entirely, and appetite was returning. While sitting in the sick room one Sabbath evening with every indication of returning health, we were surprised at the exuberant spirits of patient. His mother said she never saw him more lively; but in the whole affair there was an incongruity that led me to suspicion the integrity of his intellect, apart from any delirium incident to the disease. On inquiry, found that his father had died in the asylum, and several of his near relatives had suffered from acute attacks of insanity. These facts gave me the key to much that he said and did in the next ten days, when he was sufficiently recovered to be moved, and passed from under my observation. Reflection: I do not remember to have seen, before or since, insanity complicated with the delirium of typhoid fever. Who has? Hydrate chloral and bromide potassium in equal quantities answered a better purpose in securing rest than opium, belladonna, or henbane.

*How to give Podophyllin.*—In purgative doses podophyllin is a dangerous drug. It is not only a powerful cathartic, irritant to the bowels, but it also has a powerful effect on the reflex nerves of the stomach, producing a most sickening nausea, and sometimes painful vomiting. I question whether any good accomplished by it as a cathartic compensates for the sickness and prostration it produces. But in very small doses it supplies a place not so well filled by any drug. In  $\frac{1}{8}$  to  $\frac{1}{2}$  grs. doses it may be used even with infants, and is a powerful corrector of the acid, yeasty stools we so often meet in summer and autumn. As a substitute for mercury in adults, where the occupation compels activity and exposure, it is invaluable. In such cases  $\frac{1}{2}$  gr. with rhubarb or aloes, or both, every three hours until a free catharsis, answers all the needs of mercury without its dangers. B.

## Scientific Items.

MICA is composed of silex, alumina and potash. There are many varieties. The cleavage of mica is wonderful. Prof. Henry says it may be split into leaves of 250,000 to the inch. It is found in primary formations associated with quartz, etc. It is found in many countries, and is abundant in Middle and North-east Georgia. The uses of mica are various. Diamond dust, with which court dames and our American ladies powder their hair, is ground mica. The costly French silver mouldings are cast from ground mica. The wonderful showers of diamonds I have witnessed in the scenic plays of the "White Fawn" and the "Black Crook," at Niblo's, were mica scales. As a lubricator it is perfection. Mixed with oil it wears longer than any other ingredient. Recent experiments have shown that for any swift running machinery, where the Babbitt metal and other packing have proved at fault, mica packing is perfect; being indestructible by heat, it generates none, and as soon as a good Yankee test is made, the result will be mica-packed boxes for fast, heavy-running machinery, and no more hot boxes or worn journals, being entirely free from grit. For stoves it has now become indispensable, and the demand for clear, transparent mica is rapidly increasing.

FIRE.—Some combustible material in a laboratory, at Columbia College, was fired by rays of light concentrated by a globular glass jar filled with water. It is affirmed that, in the forests of Algeria, fires have resulted through drops of water upon leaves, forming lenses.

"PHARAOH'S SERPENTS' EGGS are made of sulphocyanide of mercury rendered plastic by the addition of a little mucilage. The salt is best obtained from the manufacturing chemist."—*Ex.*

LAVESIUM is a new metal named in honor of Lavoesier, and discovered by M. Pratt in Iron Pyrites. It has a silvery white color, malleable and visible.

## Editorial and Miscellaneous.

☛ All communications relating to the business of **THE RECORD**, for the year 1877, must be addressed to

**DR. B. C. WORD,**

Business Manager Southern Med. Rec.,  
Atlanta, Ga.

☛ Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

☛ Send money by check, postal order or registered letter.

☛ Write your name, post-office, county and State plainly.

**REMITTANCES FOR 1878.**—We shall expect remittances for 1878 to be made on or before, if possible the reception of the January number. Hope as many as can, will remit in the month of December. If all would do so it would greatly facilitate our arrangements for the ensuing year.

Unpaid subscriptions for 1877 are most urgently needed.

**OUR JOURNAL.**—The next number of our Journal will close the volume for 1877. We have labored hard to make **THE RECORD** interesting and useful to the busy practitioner. That our labors have not been in vain, we have abundant testimony in the increase of our circulation, and the numerous complimentary expressions to be found in the correspondence of the office. Our volume for 1878 will contain more reading matter and will be gotten up more neatly than heretofore, and at the same low rate of subscription. Its practical character will be rigidly maintained, and renewed efforts will be made to present our readers with the pith and cream of all that is useful, and valuable in the home and foreign Journals, together with practical items and formulæ, from intelligent Medical men in all sections of our country.

The necessity for a cheap practical Journal of this character, in our section of the Union must be clearly apparent to every sensible Medical man; and yet there is a strange and unaccountable indifference among Medical men in the South, toward the Journals of their own section, and many will be surprised to learn that nearly half the additions to our list during the present year, have been from the extreme Western and Northern States. While we are glad to welcome subscriptions from any direction, yet, we feel that we have a right to expect that the Physicians of Georgia, and the adjacent States should take a special interest in, and work for their own Journal. Once again then we ask, each one of our present subscribers to help us. Renew your subscription, for the coming year, and send us one or more new subscribers, and thus aid us in the important and useful work of promoting Medical literature in the South.

**DR. C. G. POLK AND THE *Hospital Gazette*.**—It appears that Dr. Polk, of Philadelphia, is charged by the *Hospital Gazette* with being an "Irregular" and connected with a bogus Medical College in Philadelphia. He is also charged with contributing a paper on *Glycrite of Kephaine*, to a number of journals, having in view the advertising of the article for his own pecuniary benefit. We published an article from Dr. Polk in our June number, on the subject named, but had not noticed that the same article was elsewhere published. Subsequently we received an advertisement of the drug alluded to, for insertion in our journal, accompanied with the statement that the paper previously published having benefitted him, he felt it due to us that he furnish an advertisement of the remedy, which he did, and which may be seen in our advertising department. This does not seem to indicate a desire to secure the benefit of an advertisement without an equivalent.

He also writes a communication, denying in strong terms, the charge of being an "Irregular," or of being a Professor in a bogus college, and further vindicates himself against plagiarism, and the other charges preferred.

We, of course, cannot, at this writing, say to what extent, if any, the above charges may have foundation in truth. We hope that Dr. P. will be able fully to exculpate himself from them all.

**DEATH OF DR. PAUL F. EVE.**—This good man and eminent Surgeon died suddenly in Nashville, on the 3d inst. He was, says the *Chattanooga Dispatch*, by the bed-side of a patient when he suddenly felt a pain in his wrist. He sat down in a chair and dropped his head in his hands. He was laid upon a couch and expired in a few moments without a struggle. He complained of the pain in his wrist at 6:15 a. m. and by 6:25 he was dead. Doubtless he died of an affection of the heart, the symptoms of which he had long felt.

"Dr. Eve stood at the head of his profession as a skillful surgeon. As an operator and author he had gained an enviable reputation. He will be painfully missed by his associates and friends in Nashville, and various other cities where he has been called from time to time, by the demands of suffering humanity. He was a bold operator and experienced physician; a true friend and a noble citizen."

As we recur to the period long years ago when, in the prime and vigor of his life, he lectured in Augusta, to large and intelligent classes, we are impressed with both pleasant and melancholy reminiscences. The kind treatment and cordial greetings which, individually, we often received at his hands, we can never forget; and long will hundreds of his surviving pupils cherish the generous and cordial courtesies which he ever extended to the members of his class.

It is sad to know that his manly form is cold in death, and that the eloquence of his voice is forever hushed! Truly the spirit of a great and good man has fled forever, and the Profession has lost one of her noblest and most talented members. Peace to his memory! Peace to his ashes!

W.

**SUGAR-COATED PILLS.**—A contributor in the August number of our journal having claimed priority of manufacture for the sugar-coated pills of Messrs Bullock & Crenshaw, Wm. R. Warner & Co., of Philadelphia, take issue with the writer, and send us the subjoined correspondence, from which it appears that a mistake has been committed, and the honor of priority, etc., rests with the latter firm.

October 4th, 1877.

Mr. W. R. Warner: Dear Sir—I have just read an article in the "Southern Medical Record" by Dr. Wm. A. Green, Macon, Ga., on sugar-coated pills.

Having been your family physician for thirteen years, and during that time known that you have been constantly manufacturing sugar-coated pills, was surprised to see so little credit given you in the article.

I was always under the impression that you were the originator of the process; for at least nineteen years ago I knew of Warner's make of sugar-coated pills.

I understand that the primary board of judges at the Centennial, (consisting of eminent physicians) awarded your house the only medal for sugar-coated pills, and that other firms received a medal from a supplementary board, appointed by the Commission, after the final adjournment of the primary board. Is my information correct?

Respectfully yours,

J. M. BOISNOT, M. D.

Dear Sir:—In reply to your favor of 4th inst. it gives us pleasure to state that your impressions as expressed therein are correct.

Wm. R. Warner made sugar-coated pills for Bullock & Crenshaw and supplied that firm with them, from his private Laboratory, for a period of about eight years prior to 1866, at which time no other individual or firm was similarly engaged in Philadelphia or Pennsylvania. Wm. R. Warner & Co., were awarded the premium by the primary judges of the Centennial. B. & C. obtained a premium from supplementary judges, appointed by the Commission near the close of the exhibition.

We presume the Doctor used statements furnished him as a basis for his essay, and as to their inaccuracy we have positive proof to exhibit when necessary.

Yours respectfully,

WM. R. WARNER & Co.

**Judges Report.**—"The sugar-coated pills of William R. Warner & Co. are soluble, reliable and unsurpassed in the perfection of sugar-coating, thorough composition and accurate subdivision.

"The pills of PHOSPHORUS, are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation.

A. T. GOSHORN, Director General.

[Attest.]

F. R. HAWLEY, President.

F. L. CAMPBELL, [SEAL.]

**U. S. SIGNAL SERVICE.**—At Fort Whipple, Virginia, the Government has established a school of instruction for those who are to engage in the Signal Service. The parties in attendance are mostly connected with the army, and are taught military signaling, telegraphy and meteorological science. There are now in the United States 171 Stations for making and reporting observations. There are also, several stations in the West Indies, and in British America.

The "synopsis of Probabilities," which is made at the Central Station in Washington, which, in the newspapers, have received the *soubriquet* of "Old Probs," has, by its constantly increasing accuracy, secured the confidence of the people, and led to the hope that almost absolute certainty in weather predictions will ultimately be attained.

In 1872	the percentage of verifications was	76.8
" 1873	"	" 77.6
" 1874	"	" 84.4
" 1875	"	" 87.4
" 1876	"	" 88.8

While these observations were originally instituted for the benefit of commerce and agriculture, it is evident, when we consider the susceptibility of the human system to meteorological conditions, that they well deserve the attention of medical men, and should be studied with reference to their bearing upon health and disease.

W.

#### BOOK NOTICES.

**Transactions of the American Medical Association.** Prize essay. Supplement to volume 27, 1876. (Phil. Collins, Printer, 705 Jayne street.

This is a large volume of over 600 pages, constituting the prize essay of H. Culbertson, M. D. professor of Ophthalmology in the Columbus Medical College, etc. Contains tabular statements of operations for excision of the larger joints of the extremities, with illustrations, etc. The work is valuable, and evinces great labor, skill and diligence on the part of the writer.

**Wood's Physicians' Vade Mecum, and Visiting List,** arranged and prepared by H. C. Wood, M. D., Professor of Materia Medica, etc., in the University of Pennsylvania, etc.

As a memorandum book and visiting list, this is among the best that has ever been prepared in this or any other country. J. B. Lippincott & Co., Philadelphia, Publishers.

**Personal Appearance and the Culture of Beauty,** with hints as to Character, by T. S. Sozinsky, M. D., Ph. D., Philadelphia. Allen, Lane & Scott, 283 South Fifth Street.

This a neat and pretty little volume of 187 pages, on a subject of considerable interest to the general as well as the professional reader.

**New Pessaries,** by E. C. Gehrung, M. D., St. Louis, Mo. A pamphlet describing, with illustrations, a new Pessary for Antiflexion. A modified Retroversion Pessary, and a new Retroflexion Pessary.

Interesting, instructive and practical.

**The Columbia Hospital and Lying-In Asylum.** A Government Institution. Its past and present management. By a citizen of Washington, D. C.

# THE SOUTHERN MEDICAL RECORD.

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THOMAS S. POWELL, M.D.,  
W. T. GOLDSMITH, M. D.,  
R. O. WORD, M. D.,

} EDITORS.

R. O. WORD, Business Manager.

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All communications, and letters on business connected with **THE RECORD** for 1877 must be addressed to the Business Manager.

## Original and Selected Articles.

### THE DUTY OF THE DOCTOR TO THE DYING.

BY A VIRGINIA PRACTITIONER.

A recent death-bed scene has awakened inquiries in my mind as to the duties and responsibilities of physicians to the dying, which have impressed me with a sense of obligation never before so profoundly appreciated. A brief allusion to the circumstances which aroused these reflections, may not be amiss.

Mrs. —, a highly respectable and intelligent lady, the wife of a fond husband, and the mother of four young and lovely children, was sinking under the wasting effects of pulmonary consumption. A judicious course of treatment had arrested the progress of the disease, and for twelve months given bright hopes of entire recovery. The hectic had ceased—tubercles no longer were discharged in the expectoration—flesh and vigor had returned, and she presided with efficiency over her household affairs. The cares of an infant, seven or eight months old—sudden domestic trouble—a violent catarrh, all came upon her in the first relaxing hours of summer, and rapid degenera-

tion of tuberculous masses ensued, and she withered almost as fast as the new-mown hay. The final scene rapidly approached, and the night before its close, the rapid degeneration of and discharge of tuberculous abscesses so obstructed the bronchia that for an hour or more every respiration seemed as though it were the last she could make. Ammonia, alcohol, change of position, exciting inhalations sustained her until the abscess was emptied, and she had a respite.

After a few moments of repose, her mind seemed to seize upon the startling premonitions of her situation, and she realized, for the first time, that death was marching with stately steps into the citadel of life, and would soon reign supremely over all her vital powers, unless his progress could speedily be stayed by some giant hand. Then transpired a scene which beggars description. The most earnest and searching questions as to her true condition were propounded to her physician. No evasion or prevarication would be brooked for an instant. Am I dying? How long can I live? Shall I be required to pass through such an agony again before I go? Did my husband and dear little

ones see my struggles? Will you pray God to give me grace to meet the next onset of the monster? Let me give my husband my parting counsel, and final adieu. Bring my children, that I may embrace and kiss them a final farewell. Tell me, Doctor, of the promises and consolations of the Bible. Let me have something to avert the awful sufferings and agonies through which I have passed. Tell me plainly, must I die to-night? etc., etc.

These incidents occupied several hours. Falling into a sweet slumber, she rested for an hour or more, to be aroused by premonitions of another paroxysm of suffocation. She took in the situation at once, and manifested unusual agitation and alarm.

"Oh, Doctor! spare me such a trial. I am not afraid to die. I know in whom I have believed; but to suffocate! Oh! can't you give me something to prevent it?"

The doctor was using every means in his power to meet the exigencies of the case, but all in vain. As though an abscess had ruptured in every bronchial tube, both lungs were soon filled with viscid and tenacious mucous and pus, and the rushing and cracking sound of the air, as it broke through this obstruction, could be heard far out in the yard. Change of position, inhalations, frictions, etc., etc., availed nothing, and nothing could be swallowed. This terrible, awful struggle lasted for an hour, when, by a mighty effort, she exclaimed:

"Oh, Doctor! cut my throat and let me die."

When assured that all was being done that could be, despair brooded over her features, and her eyes became fixed; her face livid; her body wet with cold sweat, and it was hoped the end was at hand. But another hour of death-struggle passed, when again she roused up, and begged that "something should be given to stay her torture or end her life, for she was not afraid to die." By a spasmodic effort, she imbibed a little ammonia and brandy, fell upon her pillow, and breathed no more.

To one who has himself experienced the consolations of religion *in extremis*—who has often rehearsed the promises and precepts of the gospel to the dying Christian—it were a work of supererogation to point out his duty in such an emergency as the above, when his duties are confined alone to the spiritual aspect of the case. But whether Christian or infidel, what to do to meet the emergencies of the physical condition, is the great problem for solution.

There is a case in which recovery, or even temporary relief, cannot reasonably be hoped for. Death is on his swift march to a final possession of the citadel of life, and the vital powers are making a most desperate and agonizing struggle to maintain their hold. The suffering is of such extreme character as to make excruciating pain a most welcome exchange. The person has made preparation for her exit from time, and the rendition of her final account. She has disposed of her worldly effects, given her parting counsel to her children, bidden adieu to her friends, and was willing and anxious to depart. Her struggles are such that friends and attendants close their eyes, or avert their faces, while one who had witnessed many a death-bed scene fainted while she strove in vain to afford relief. The struggle goes on, despite all efforts to arrest it, and it culminates in such torturing agony as to extort the cry, "Oh, Doctor, cut my throat and let me die!"

What should be done? Nothing could be swallowed. Camphor, ammonia, alcohol, cologne, etc., were given by inhalation; doors and windows were all opened; the room cleared of needless attendants; the air agitated with fans; stimulating frictions used; position frequently changed, and all to no purpose. Would it be proper to administer one or two inspirations of chloroform, under the circumstances? One or two inspirations would assuredly have put an end to the struggle, and closed the painful scene. But would it have been legitimate? Nothing short of some agency which would have overpowered the vital ener-

gies and produced a state of unconsciousness, would have met the requirements, and to have done this would have arrested the struggle as well as the life-tide.

Under the circumstances, the attending physician did nothing to accomplish these ends, and the result was that the terrible torture was prolonged for hours. Should the same course be pursued under like circumstances? The more the writer contemplates that scene, the more bewildered he becomes, as he attempts to decide what he would do should he be subjected to a similar trial. How could he resist the appeal for relief, though relief and death are synonymous terms? Would he not reproach himself if the former were secured at the sacrifice of only *an hour's living death*? Were he to act under the golden rule, to "Do unto others as you would that others should do unto you," he would not hesitate to stop the agonizing torture, even at the expense of the few remaining hours of life. But would even this compensate the mental conflict which a conviction of certainly shortening one's existence would produce? How often is it the case, that the surgeon, convinced that a tumor unremoved must certainly result in death within a year or two, and that an operation may be successful or immediately fatal, proceeds, at the instance of the patient, to operate, and is arrested in his work by the advent of death? When it is evident a patient must die in a few hours, and she is suffering tortures more agonizing than death, why may not the doctor administer relief, though death is the inevitable result? I say *inevitable*, because it would so be, in all human probability. I am sure this is a question demanding a serious consideration, which it is hoped your contributors may give it.

## CONTINUED MENSTRUATION DURING PREGNANCY.

BY O. E. NEWTON, M. D., GINNEMATH, O.

This condition can and does occur, but in very rare instances—so rare that

one may practice for many years without having a case. In my practice I can recall to mind only two cases.

Attention will first be drawn to the fact that your patient is increasing in size, and apprehensive that she might be the subject of dropsy, it being supposed that so long as a woman menstruates, she cannot be pregnant.

If such a case should be presented to you, let the patient lie prone upon a bed or couch, with her person protected. Put your ear to the wall of the abdomen, and tap with your fingers on the opposite side. If you hear gurgling, or the noise of water, and the anterior wall can be easily pressed back, and it being also soft, you have probably all the evidence that is necessary to satisfy you. But if you find no symptoms of this kind, and find the walls firm, the form full and symmetrical, and resistance be present, you will be justified in the conclusion that, notwithstanding she menstruates regularly, she is pregnant. To be more sure, if agreeable to the patient, allow her to stand up, placing one foot upon an elevation to raise it higher than the other; pass your right finger in the vagina until it reaches the os tincæ; press the womb as high as you can, and allow it to again recede upon the finger. By this means you may determine if it be larger and heavier than an unimpregnated womb would be. You cannot, with the other usual symptoms of discrimination furnished, make any mistake as to the condition and indications. Such other symptoms are: Increase in size of the mammary glands; increased darkness of the areola; nausea in the morning; longing for, or antipathy to, any kind of food; change of temper, etc.—all of these symptoms are probably in cases of pregnancy, though all are not invariably found. But the absence of water, and the increased size and weight of the womb are too plain, usually, to allow you to make any mistake. Having made up your mind as near as you can, it is well still to protect yourself by saying: Pregnancy is almost certain, but it might be otherwise;

and your duty is to be careful with your final opinion until the period of quickening has taken place, four to four and a half months after conception. If the patient does prove pregnant, your duty is to guard against all means calculated to produce miscarriage or premature labor, by general hygienic means as regards diet, exercise and the general strength of the patient, etc. This is all that is required.

You cannot prevent it, as it is a natural peculiarity of the patient. So inform her friends, but by all means make them understand that she is not the subject of dropsy, and give them the full reasons for knowing it; for if you do not fully and intelligibly convince them, they will surely leave you and seek other medical advice.

### FUMIGATION IN SYPHILIS.

Prof. D. W. Yandell, University of Louisville, in a clinical lecture, thus describes his method of using the *mercurial vapor bath*:

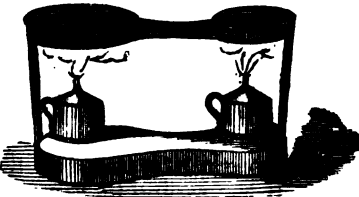
I show you a sketch of the chair, stand,



and gas burners we have used for many years past. A less expensive, though it is also a much less durable

heater than this, is that which I hold in my hands. The burning fluid in this is alcohol.

It consists, you will observe, of a sheet-iron stand, which



contains two lamps and two dishes, one capable of containing a pint of water, the other, which is quite shallow, being intended for the mercury.



A very convenient apparatus is that of my friend, Dr. Frank Maury, of Philadelphia, which is intended, as you will remark, for gas, but to which alcohol lamps may also be

adapted.

I next show you the cloak, made in this instance of canton flannel, and sup-



ported and made to stand away from the body of the patient by four hoops. It fastens, reticule-fashion, well around the neck, and has, you will see, a slit in front through which, when it is desired, some of the vapor may be allowed to escape. The chair, the cloak, the lamp, the pans, thus constitute the apparatus.

But there is yet a cheaper and still a simpler rig than this, consisting of a large blanket, a hot brick, and a bucket



of boiling water. The blanket must have a slit in the center, and be slipped over the head, Mexican fashion. The brick should be hot enough to vaporize the calomel. The water in the bucket should be boiling, that it may furnish the needed steam.

I have seen this homely apparatus accomplish many brilliant cures. Then it is found at hand in every family, occupies no space, excites no inquiry among other members of a household, and, better, than all, may be used by the patient himself without assistance. Among the humbler classes, and especially where secrecy is imperative, you will find this means of fumigation to serve you a really excellent purpose.

And now a word as to the way in which the bath is given. See to it that the room in which you intend to work is well warmed. Nothing, I think, in the whole process will reward you better than attention to this very point. Pour, in the summer season, half a pint of water into the pan; in the winter let it be a pint. Bring this to a boil. Put on the plate twenty to forty or sixty grains of calomel. Have your patient strip, seat himself in the chair, and cover with the wrap. Draw it well up about his neck, and have it come down full to the floor. In a few minutes the steam from the water will produce a pleasant sense of warmth and moisture. Now light the burner under the calomel. So arrange the flame that it will require fifteen to twenty minutes to consume the mercury. Should the heat at any time grow excessive, lower the jet under the water, or extinguish it altogether. About every five minutes open the slit in the wrap at the patient's throat, and have him breathe the vapors for a minute or so. If this produces coughing, stop it: the calomel is probably volatilized too rapidly, or is not as pure as it should be. At the end of fifteen or twenty minutes shut off the light under the water. If the calomel be vaporized, which it usually is in this time, stop that jet also; otherwise wait a few moments. The detention will not be for long, when you

may put out the light, and, after giving the patient time to cool, have him remove the wrap, and, in ordinary cases, dress himself. Should you desire to bring him under the dominion of the mercury with the least loss of time, have him, instead, put on a long cotton flannel or woollen shirt and get into bed; and when there give him a tumblerful of compound decoction of guaiacum or sarsaparilla, and give it hot; and thus you will prolong the action of his skin which the bath has started.

At another time I may tell you of these and other allies which, in need, you may summon to your aid. For the present, however, you must content yourselves with a lesson in the mere mechanical part of the work, volatilized.

And though I have dwelt upon this at such length, I must still add that you will not always be able to give the baths just in the manner I have described. Your own knowledge of disease will teach you this. Circumstances alter cases in our business as much as they do in other callings; and there is a long bill of exceptions to the general rules I have been endeavoring to lay down for your guidance. Among them I may mention that your patient will sometimes grow faint, and hurry you to shutting off the heat. Sometimes, again, he will be slow to sweat, and you will have to raise your fires. Again, he will be so ready to perspire—to run all away to sweat—that you will be forced to use but a few spoonfuls of water, and but barely enough heat under the mercury to vaporize it. At another time he will, through some carelessness of yours, or of his, get more of the fumes of the calomel than either his bronchi or his stomach will bear, and he will have a coughing spell, or a nausea, which will oblige you to suspend operations. In yet another instance, he may be so exhausted by disease as to make a full bath quite beyond his strength, and here you will have to touch the heat, and the water, and the mercury, all very lightly.

These matters, which are so important in themselves, and which will influ-

ence in so large a degree both the satisfaction and the success with which you will use the baths, I can now only hint at. Had I time to multiply details, even to wearying you, the ultimate fact would still remain, that, in giving the baths, you should be constantly on the alert lest, on the one hand, you oppress the patient, or on the other allow the enemy which you are assailing to check your advance.

Mr. Parker employed from a pint to a quart of water at a bath, while Mr. Lee thinks an ounce sufficient. Mr. Parker employed two lamps; Mr. Lee employed but one. For my part, I am quite clear that the amount of steam and the volatilization of the mercury can be somewhat better regulated with two burners than with one; hence you see me use two.

In the last years of Mr. Parker's life he practically abandoned all other preparations of mercury for the bisulphuret, and for calomel, and employed them either alone or together. Mr. Lee, who was the first to use calomel in this way, remains true to his early preference, and has never, I think, employed anything else. Calomel is, as you see, also my stand-by; I prefer it to any other preparation. In a few rare and excessively rebellious cases of syphilis, assailing especially the skin and cellular tissue, I have thought I got better results by putting the bisulphuret and calomel together—in the proportion of one drachm of the former to half a drachm of the latter—than I did from either preparation used singly. Mr. Parker believed that the bisulphuret possessed a special power over the rupial form of syphilis, and I confess to sharing this belief with that lamented surgeon.

But whichever preparation you select, take the trouble to test its purity. Remember my first experience with the bisulphuret. And in the matter of calomel, too, though it may be of the best brand, you can render its fumes still less irritating to the air-passages by resubliming and then washing it. You will hear, in another room, how these pro-

cesses rid the calomel of its free hydrochloric acid, the vapors of which vex the lungs not only of him who takes, but also of him who gives, the bath. I myself can not breathe the fumes of other than the purest calomel without being almost suffocated by cough, and made exceedingly wretched generally.

Mr. Lee thinks it of so much importance to have the contact of the calomel with the surface of the body maintained for a considerable period of time, that he lays exceeding stress on the patient, after the bath, getting into bed with the cloak or wrap on, and using it as a night dress. Mr. Parker, on the contrary, attached no weight to this view, but directed his patients to be rubbed dry on leaving the bath.

Now, both these surgeons have recorded exceptional success in the management of syphilis, though they have obtained it by methods which differ no little in what would seem to be quite important particulars. This I think should teach you that the essence of the treatment fortunately lies deeper than the mere externals by which it is achieved. And it should also convince you that the aggregate of morbid actions which constitutes syphilis may be reached very certainly, and counteracted very thoroughly, by the same means applied in very different ways. Just, for instance, as any of you may get from this city to New York by rail on many different routes. And you will do so in much the same time and way, though the agents and friends of rival lines may tell you quite another story. When you have traveled on them all, as I have done, you come to find that each line of the road, as each line of treatment, has advantages and drawbacks quite peculiar to itself. What one route saves you in time, it may cost you in comfort; while the comfort afforded by a third may be at the expense of your safety.

I am very sure Mr. Parker's method is a good one, because he has so declared it, and I can point to hundreds of cases which attest it. I am very sure

that Mr. Lee's method is a good one, because Mr. Lee says so, and I can point you to hundreds of cases, all of which go to prove it. Yet, after saying this, I must add that I follow neither method exclusively. To be plain, gentlemen, it isn't every man with the pock who is so situated that, after his bath, he can draw this not very picturesque drapery about him, and lie upon his couch till morning. Most bathers must dress and go about their business as soon as they are through with their sweat. I am convinced, that it is a serious hindrance to the cure. I wish, indeed, that all my syphilitics, and, as for the matter of that, all of yours, too—when you have them—belonged to the richer classes, and could afford the time and the money to jump from the bath into bed. But such is not the case; most must run while they bathe.

What, then, are you to do under these circumstances?

Simply this:—Have your man well cooled before he is uncovered, and he will thus need no special drying. Should his surface, however, remain overmoist or he fancy a rubbing, let him have it. No material harm will come of the little operation. It may perhaps, delay in a slight degree, the effect of the bath, but the cure will none the less go on. The mercury may not tell on the disease nor on the gums altogether as soon, but it will tell just as surely as though the patient had gone to bed wrapped in his cloak. I do not think I can be mistaken in this. In confirmation of it, however, let me add that one of my colleagues, Dr. L. P. Yandell, Jr.—who has superintended the administration of the baths in several thousand cases—is clearly of the opinion that brisk friction, after the sweat, made with the coarsest towel, and until the skin is all aglow, actually promotes the action of the mercury, and conduces, he thinks, to its more rapid absorption by the surface.

Now, concerning the differences on this point—and they are really very wide—you must pardon me for saying that, in my opinion, they have been

invested with an importance quite beyond their actual deserts.

The best time for giving the baths is at night, just before retiring. I am positive as to this. When such an hour can not be chosen, take that which comes midway between meals. And whatever else you do, never sweat your patient on a full stomach.

And now I have done. But I beg you, in conclusion, to avoid the conceit of believing that, because you may have learned how to give mercurial fumigations, you also know how to treat syphilis. There is a long list of other matters—matters of diet, and of dress, and of things far weightier than these—which you must master before you can be considered fit to undertake the management of this many-sided disease.—*Amer. Prac.*

#### PLASTER-OF-PARIS BANDAGE.

Dr. J. McLean, in a paper before the Southern Illinois Medical Association, remarks of the plaster-of-paris bandage:

"In 1852 it began to assert its supremacy, and now stands at the head of the list.

The advantages of the immovable dressing may be summed up as follows: Perfect co-adaptation to irregularities of the limb, and, as a result of this, little tendency to displacement of splint; less trouble to the surgeon; complete fixation of fragment; freedom of patient to go on crutches or otherwise; less irritation, less extravasation of blood, less swelling; no injurious pressure over bony prominences; less liability of excoriation; uniform compression giving muscular rest, diminishing spasm and removing one cause of displacement, preventing swelling, and lessening it where it exists. Simplicity of materials, and cheapness, and extensive range of application. The manner of application that we will notice consists in the roller and blanket splints, used separate or combined. Their preparation will be detailed as we notice the fractures treated.

Simple fractures of the tibia, or both tibia and fibula, low down, are treated in the following manner: Take four or five rollers of canton flannel, or common flannel, five yards long, and the usual width, into which rub freely dry plaster of paris, and roll loosely; have the limb extended, and the fragments of bone replaced. First apply a dry roller from the base of the toes to the knee, then dip the plastered roller in warm water for four or five minutes, squeeze out the superfluous water, and apply in the same manner and extent as the dry roller; four or five rollers thus applied are sufficient; extension should be maintained until the dressing becomes firm. Fractures of the bones high up should be treated as above described, except the dressing should be extended to the middle of the thigh.

In compound fractures a trap should be cut in the dressing before it becomes firm, large enough to expose the entire wound, through which it can be inspected, dressed and discharges allowed to escape. To prevent a soaking up of any discharge by the dressing, the edge around the wound should be varnished with gum shellac and alcohol (one ounce to one pint), which gives it a water-proof finish. When the dressing becomes too slack it may be cut through the middle and tightened by a bandage, or removed entire, and a new dressing applied.

#### FRACTURES OF THE SHAFT OF THE FEMUR.

Perhaps in no other fractures has the plaster of paris proved more efficient than in those of the femur. A description of the method of application as practiced in Bellevue Hospital, and described by Samuel B. St. John, M. D.: A table must be obtained, and an upright bar about one inch in diameter secured to the middle of one end, so as to rise about two feet above the top of the table. In private practice I have used with entire satisfaction a wooden bar, one and a half inches in diameter, put through a hole bored in the end of a common kitchen

table, and lashed to the braces below. This upright should be thinly padded, and covered evenly with a roller bandage. If the padding is too thick it will be in the way; if too thin, the bar may excoriate or cause undue pressure. The patient is to be placed upon the table with the nates well down towards the edge, and the upright projecting between the thighs, so that the perineum rests tightly against it. My practice has been to place another table in a line with the first, and abutting against it, to support the legs of the patient, and to afford a point from which to make extension. The provision for extension may be made in one of two ways—by traction upon a so-called Butt's extension apparatus, or adhesive plaster, which should be with a very strong but narrow loop from malleolus to malleolus; or, what is preferable, by a clove hitch around a stout plaster splint put on the day previous, from the toes to the knee. A blanket previously spread upon the table should then be cut, and drawn around the injured thigh so as to form a neat covering, and a strip eight inches wide should be extended around the pelvis; this should be drawn smooth, and stretched around the limb. A strip of blanket, one foot wide and four feet long (the relay) folded upon itself twice, so as to make a strip three inches wide, should be placed with its center resting against the perineum, and the ends brought obliquely upwards and outward, the interior passing over the crest of the ilium, and the posterior over and above the tuberosity of the ischium. While the blanket is being adjusted, the patient should be etherized, and as soon as fully relaxed, extension should be made, the scrotum (in the case of a man) having been carefully drawn up and toward the sound side. The upright bar should be made to bear a little to one side of the median to avoid injury to the urethra, and especial care must be taken that the blanket strip, called the relay, should rest symmetrically in the flexure of the thigh and perineum, so as to present a groove

along its center in which the upper edge of the inner side of the upright may rest. Extension is to be made by compound pulleys until the leg is by actual measurement as long as its fellow. If the lower part of the splint has been put on previously, as mentioned above, a trap may be cut over the malleolus to obtain a point from which to measure.

Before applying the extension strongly, however, the pelvis should be raised about four inches from the table by means of a stout sling passing around the upper part of the pelvis, and over a stout wooden bar stretched from the top of the upright to a stool about two and a half feet high, placed upon the table above the patient's head. Pillows should be placed under the head and shoulders to elevate them to a line with the pelvis. The bandages are now to be applied, piecing out the part already on, and completing the splint as you pass upward. Pains must be taken to make a neat splice, and not to allow the relay to become displaced. Small pieces of blanket soaked in plaster "cream" may often be used with advantage to strengthen the anterior and antero-lateral positions of the upper part. Felt or paste board may also be used for the same purpose, being worked in between the layers. About ten bandages in all will be sufficient, including those used in making the lower half. After the application is complete, the patient should be lowered to the table, but the extension should be kept up until the splint is quite hard. The projecting ends of the blanket should then be cut off, and the perineal edge trimmed with oil silk to prevent injury by wetting, especially by children.

Fractures of the radius should be dressed as follows: Extend the forearm and adjust the fragments, flex the hand towards the ulna, and apply first a dry roller from the top of the fingers to the elbow, then the plaster rollers in the same manner; three are usually sufficient. To prevent compressing the fragments towards the ulna, a firm pressure should be made on either side of the

arm with thin strips of board, until the splint hardens. In fractures of both bones of the forearm, the dressing should be the same as above described, except the hand should be on a line with the forearm.

Fractures of the humerus should be dressed in the following manner: Cut a piece of blanket in the shape of a Physic splint, long enough to reach from the wrist to the top of the shoulder, and stitch firmly around the arm, cutting away the superfluous portion at the axilla; then apply the roller from the wrist to the axilla and over the shoulder. Three layers of bandage are sufficient. When the muscles are powerful, requiring greater extension than the dressing affords, a weight attached at the elbow, as advised by the late Professor Clark, of St. Louis, will serve the purpose well. In fractures of the ribs the plaster of paris has proved very efficient. The bandages should be applied very firmly, so as to prevent motion of the ribs during respiration.

Fractures of the clavicle may be treated with the plaster-of paris bandage, applied in the same manner as that recommended in the use of the adhesive plaster. In this connection I wish to record my experience in treating three cases of the fracture of the clavicle by simple method, which consists in tying the hand of the affected side securely behind the patient, in this manner: Take a bandage four yards long, secure one end to the wrist and draw the hand behind the back, palm outwards, forearm obliquely upwards toward the sound shoulder; pass the bandage around the body and over the hand, where it should be stitched; from thence over the sound shoulder and down in front to the bandage, where it should be stitched and passed around the body again, and over the hand, stitching at each point where it crosses. For the first twenty-four hours the patient will complain of the confined hand, but after that there is comparative comfort. In all three cases (children under twelve years old) the bone united without any

lapping or drooping of the shoulder.

It will be necessary to notice briefly at what time a fracture should be dressed with the immovable apparatus. Simple fractures, where there is no great amount of contusion of the soft parts, and no danger of sloughing, should be dressed at once; but in compound fractures, where there is danger of sloughing, a provisional dressing should be applied, and among the best, if not the best, is the old-fashioned fracture box and bran dressing, which should be replaced by the immovable dressing as soon as the limb is in condition to do so.

A few statistics will be appropriate as to the time of union. In 142 cases taken from the Bellevue Hospital records, 121 cases were treated at the beginning with immovable dressing, average time of union  $38\frac{1}{2}$  days; 68 cases treated with fracture box or other loose splint from one to two weeks, average time of union 47 days; and 50 cases of fracture of the femur, taken from the same records, the average shortening in all 50 cases was  $\frac{1}{4}$  inch—the average shortening before treatment  $1\frac{1}{4}$  inch; 35 were patients who went about on crutches, average shortening  $\frac{1}{4}$  inch. The average time of union in all 50 cases, to time of leaving off splint, 44 days.—*Monthly Journal Southern Illinois Medical Association.*

## NOTES ON HOSPITAL PRACTICE.

### ULCER OF THE STOMACH.

Nitrate of silver, in the form of pills, should be given in full doses half an hour before meals. If there be pain, opium, hydrocyanic acid, and chloroform may be administered. An exclusive milk diet is the best. All solid food must be avoided. At the time of hemorrhage, absolute rest must be insisted upon; pieces of cracked ice should be swallowed. Monsel's solution, tannic or gallic acid, should be given internally; morphia may be administered by the mouth, and ergotin hypodermically, and all food given by enemata for the time.

### LUMBAGO.

Manipulation must be applied to the lumbar region of the spine, so as to restore mobility. To subdue the painful condition of the muscle, injections of one-eightieth of a grain of atropia, and one-eighth of a grain of morphia, well diluted, should be made well into the body of the muscle. Great care must always be had in the administration of morphia and atropia to nursing women, as belladonna is the most powerful anti-galactagogue known, and too large doses of morphia not rarely affect the child through its milk. The local application of blisters, iodine and croton oil, together with the internal administration of iodide of potassium, often does good.

### INCIPIENT PHTHISIS.

Among the most important hygienic measures are good food, healthful outdoor exercise, which will expand the chest, and an equable climate, such as may be found in the south of California, New Mexico, or the southern and western slopes of Colorado. Sea voyages, such as a cruise to some tropical ocean, and not sailing about in an inclement climate, as many consider the term to mean, are most plainly beneficial. If these ways of regaining lost health be out of the question, and the patient be compelled to stay at home, inhalation of compressed air may be tried with success. Counter-irritation may be applied over the seat of disease, and cod-liver oil, the syrup of the iodide of iron, arsenic, and the hypophosphites of lime, soda and iron administered internally.

### IDIOPATHIC EPILEPSY.

As a general rule of treatment in epilepsy, all the existing causes of an attack, such as mental excitement, over-eating, indigestible articles of diet, should be avoided. As concerns medicinal agents, the bromides are of especial value as controlling remedies. The initial dose should be twenty to sixty grains, thrice daily, the dose to be increased in size until either the paroxysms stop, or *bromism* is produced.

## TETANUS.

Systematic feeding of patients with liquid and strengthening food at short intervals has been employed with very good results. The food must be given at intervals of every two or three hours, and should consist mainly of milk, with a small quantity of alcohol. In severe cases all solid food must be avoided. As for medicines, the patient must be brought well under the influence of the bromide of potassium by an initial dose of two drachms to half an ounce, to be followed by half a drachm to a drachm every three or four hours. To force sleep at night, give at bedtime thirty grains of chloral, with some opium. Chloral also may be used, when necessary, in daytime. Nitrite of amyl and chloroform should not be used steadily, but may be employed from time to time to stop violent spasms. If *bromism* be produced, chloral and opium should be relied on, or *cannabis indica* may be substituted for the bromides. Where there is much cerebral congestion, a blister is put on the nape of the neck.

## TUBERCULAR LARYNGITIS.

The local application of pure nitric acid, or of strong solutions of nitrate of silver, is of great value. For the oedema astringent solutions, such as the sulphate of zinc, copper or alum may be recommended. Gargles and inhalations can be used for the cough. The following formula will be found of value:

R. Tinct. benzoini comp., fl. dr. ij;  
Glycerinæ, fl. oz. ss;  
Aquæ q. s. ad fl. oz. iv. M.

Sig.—To be used as a gargle.

Inhalations of steam, vapor of hops, or conium, are sometimes successful as palliatives. Counter-irritation may be applied externally to the larynx in the shape of small blisters. To relieve the sense of fulness, lozenges of *krameria*, *hæmatoxylon*, or tannic acid are prescribed. In desperate cases, tracheotomy must be performed [see *Gleanings*, p. 23], and a metal tube worn, thus putting the much-irritated larynx at rest.

## CHRONIC INFLAMMATION OF BOWELS.

Individual symptoms must be borne

in mind. Alcohol, green vegetables, fruits and meats, must be refrained from. Buttermilk, beef juice, milk with lime-water, and light farinaceous foods are the safest articles of diet. The clothing should be amply sufficient, and all excessive exposure avoided. Among medicines the proper mode of treatment is that by nitrate of silver in pill form, one-third of a grain from one to two hours after meals. The treatment must be long persevered in to effect a permanent cure.

## CATARRHAL JAUNDICE.

In the treatment of this complaint, early efforts must be directed to the allaying of the irritation of the mucous membrane of the stomach and duodenum. Do not begin by acting on the liver with cholagogues and mineral acids. All exposure must be avoided. A tumblerful of some one of the alkaline mineral waters should be taken twice daily, and nitrate of silver, with small doses of the extract of belladonna, given in pill form. Belladonna prevents spasmodic irritation of the ducts. Where there is much local irritation, blisters may be applied over the gall-duct and gall-bladder. After irritation has subsided, mercurials or mineral acids come into play.

## SACCHARINE DIABETES.

The diet must be modified by the exclusion of all sugary and starchy elements of food. The most valuable drug is opium, used in large doses for a long time. Ten grains may be given daily without producing the slightest drowsiness. Under this treatment the amount of urin passed daily will greatly diminish, and the proportion of sugar gradually grow less.

## CHRONIC ARTICULAR RHEUMATISM.

The most successful mode of treatment has been by manipulation of the ankylosed joints, and counter-irritation applied to the nerve-trunk higher up the leg. The continued current with the positive pole placed over the point of tenderness, and the negative pole higher up the nerve, may also be em-

ployed. When the foot is affected, a shoe should be constructed which shall take the strain off the painful joint, and throw the weight of the body on the outside of the foot (this for rheumatism of the joints of the foot, of course). Where there is a decided rheumatic diathesis, the persistent use of the following prescription is followed by advantageous effects:

R. Pulv. gualac resin., gr. x;  
Potass. iodidi, gr. x;  
Tinct. colchici semen, fl. dr. ss;  
Aq. Cinnamomi,  
Syrupi, aa q. s. ad fl. oz. i. M.

Sig.—A desertspoonful to a tablespoonful thrice daily.

#### ADENITIS

Is treated by continued injections of dilute ergotin in the substance of the inflamed gland.

#### ACUTE GASTRO-HEPATIC CATARRH.

In these cases, if a malarial nature be suspected, it is well to begin with full doses of quinia. If, however, the gastro-hepatic symptoms are prominent, the quinine treatment should be postponed for twenty-four hours, and from five to ten grains of blue mass given, followed by a saline. Then, when the liver and stomach have been well acted upon, quinia should be given by the rectum, so as to avoid gastric irritation. Four suppositories, of five grains each, should be given at intervals of from two to three hours. The diet should be restricted, and febrifuges and subacids given, and the skin sponged with cold water if the fever be severe.

#### TYPHOID FEVER.

Beginning with the second week of the disease, when the abdominal symptoms have fully set in, one-quarter of a grain of nitrate of silver, and from one-sixth to one-half of a grain of the watery extract of opium, with one-twelfth of a grain of belladonna, are exhibited in pill form, three times a day, after meals. Very little stimulus is used. Mild and beef tea are the only articles proper of food allowed. Quinia is given with other tonics. Fever is reduced by frequent spongings of the

entire body with cool water. When the high fever resists sponging, cool baths are employed.—*Medical Times*.

### ABSTRACTS AND CLEANINGS.

CASE OF EMPYEMA FOLLOWING PNEUMONIA—EARLY ASPIRATION—RECOVERY. The woman was admitted to the Bellevue Hospital in June, 1876, and had a certain amount of pus removed from the right pleural cavity. She left the hospital before recovery was complete, got married, and upon her return for examination exhibited a fine-looking boy about one year old. As far as her countenance indicated, she was in perfect health.

The history of this case during her stay in the hospital in 1876 was as follows:

She was 22 years of age, temperate, and gave no evidence of specific disease. Her mother died of cancer; otherwise her family history was good. One morning in June, 1876, she was seized with a chill which lasted for several hours, followed by fever and pain beneath the right breast of a severe, lancinating character, which continued throughout the night of the same day and up to the time of her admission to the hospital on the 22d of June—two days after she was attacked. On admission, her face was flushed, the pain in the side intense, the temperature 150° F. She was placed in bed, and a full dose of quinine administered. She had the physical signs of pneumonia at that time, such as dulness upon percussion, increased vocal fremitus, bronchial breathing, etc.

She passed through the pneumonia. On the 7th of July there was evidence of fluid in the right pleural cavity, and on the 20th of July a hypodermic needle was introduced and pus obtained. On the 23d of July, an aspirator needle was introduced, and sixteen drachms of pus removed. The expectoration was profuse and muco-purulent, but there were no evidences of pneumothorax.



rax. On the 28th of July, the patient's friends, not wishing to have her "stuck with the needle," removed her from the hospital. At her examination, May, 1877, she stated that, after her removal from the hospital, she expectorated large quantities of purulent material, but did not have her chest aspirated. In May, 1877, there was found good resonance and good respiration over the entire right side of the chest. The woman had not noticed at any time that one side of the chest was smaller than the other. The case, then, was interesting as evidence of the value of early aspiration with the view of preventing retraction of the chest walls. What became of the pus which remained in the chest after the aspiration, and that which formed subsequently, was a question. It was thought probable that perforation of the lung took place, and that the pus was removed by expectoration.—*N. Y. Medical Record.*

**TEETH AT BIRTH—EXTRACTION—HEMORRHAGE—DEATH.**—The *Cincinnati Dental Register* supplies the following translation of an article written by Dr. Th. David, in the *Gazette des Hopiteaux*:

The child at birth was possessed of an ordinarily good constitution. Two days after it was noticed that the points of the two inferior central incisors were visible about the margin of the gums. These teeth continued to emerge during the following days, and gradually loosened until they seemed to be supported only by a kind of neck, which allowed free movement in every direction. As they seemed ready to fall out, and troubled the child in nursing, the family physician, who was one of the masters in the Paris Hospital, believing their removal necessary, extracted them on the twentieth of January, that is to say, three weeks after the birth of the child. The operation was soon followed by severe hemorrhage, which could only be stopped by digital compression, which was continued during the whole night. The next morning the bleeding, which had for a short time subsided, recom-

menced, and continued the greater part of that day. \* Napkins were used to stanch the blood, which was in quantity really alarming. At two o'clock, one of our young and able practitioners was sent for, who immediately cauterized the anterior of the alveoli, from whence the blood came, with an olivary cautery about the size of a pea. This checked the hemorrhage for some hours, when it again commenced with the same intensity.

The next day (the twenty-second) cauterization was again resorted to in the same manner, and the flow of blood was stopped. Five days afterwards, however, it recommenced, necessitating a third application of the cautery. This last, unfortunately, resulted in the complete destruction of the gum and alveolar margin in the part corresponding to the two incisors. During this operation, several hard and brilliant bodies were seen beneath the wound, which were none other than the crowns of several permanent teeth in process of formation.

Notwithstanding this last application of the cautery, the hemorrhage reappeared, and continued until the tenth of February, when we were again sent for, but the child was then dying.

Far from us the thought of criticizing the practice adopted in this case by our honorable *confreres*. We will, then, neither discuss the expediency of extracting these loosened teeth, nor the means employed in fighting against a hemorrhage of such an obstinate character. We are of opinion, that in this unfortunate affair, the extraction of the teeth only anticipated their spontaneous elimination, and we accept without reserve the explication arrived at by the council of physicians, viz: "That this child must be ranged in the category of those of Hemorrhagic Diathesis." We will add further that this disposition to hemorrhage seems to have originated in this child, and could not, therefore, have been foreseen, inasmuch as the parents showed no appearance of it, and the child was their first born.

Be this as it may, this case seems to us to contain certain lessons, and we have believed it our duty to cite it here, in treating the question of the precocious eruption of the temporary teeth, and the afflictions with which it may be complicated. But before speaking of precocious eruptions, we think we ought to determine the average time of normal eruptions.

First dentition, it is generally believed, commences about the sixth month after birth. All observers have been unanimous in giving this as the average time for the appearance of the first tooth; it is the opinion of Trousseau. But it will be seen after numerous researches on this subject, that we place the average time at the seventh month. Of five hundred births which we have observed, we have noticed the eruption of the inferior central incisors at the following periods:

At birth	1 case.	At 7th month,	105 cases.
At 1st month	2 "	At 8th "	88 "
At 2nd "	3 "	At 9th "	49 "
At 3d "	9 "	At 10th "	89 "
At 4th "	10 "	At 11th "	88 "
At 5th "	39 "	At 12th "	12 "
At 6th "	45 "	At 2d year	10 "

Total.....500

—*Pacific Med. Jour.*

**SUCCESSFUL REMOVAL OF A LARGE FIBROID UTERUS WITH BOTH OVARIES.**—Mr. Knowsley Thornton relates a case in which recovery took place after removal by gastrotomy of a large fibroid uterus with outgrowths, and both ovaries. The patient was 38 years old, married, but had never been pregnant. The tumor had been first noticed nearly three years before. The operation was performed on January 10th. In opening the peritoneum a coil of intestine was wounded by the point of the knife, but the wound was at once closed by a continuous suture of fine silk. The pelvic portion of the tumor could not be dislodged until the mass of the tumor was drawn out of the incision and used as a lever, by being pressed over the left iliac crest. This mass was then transfixed and ligated with two strong

strings, and it was then cut off. Room was thus gained to get at the broad ligaments, which were transfixed and tied with double ligatures. The ovaries were then cut away. Finally the cervix was transfixed and tied, and the mass above it cut away. All the ligatures were cut short, and the abdomen was closed. The operation occupied rather more than an hour and a half. The ice-water cap was used on two occasions in the after-treatment, the temperature having risen to about 101 degrees. On the ninth day some red, offensive serum came away per vaginam, and this discharge continued till the eighteenth day. It then ceased, and at the same time pain was complained of in the right iliac region, and the pulse rose to 124. On examination by speculum a small slough was found plugging up the external os, and on pulling it away a quantity of fetid pus escaped. Convalescence then progressed favorably, and on the thirty-seventh day the patient was able to go out.

Mr. Thornton believes that this is the first successful case of removal of the uterus and ovaries, in which all the pedicles were tied with silk and left free in the peritoneum. He prefers this to the extra peritoneal method, thinking that it is attended by less danger of septicaemia or of hemorrhage, experience having shown that the danger of hemorrhage when the clamp or wire separates is by no means small.—*Obstetrical Journal*, June, 1877.

**FECUNDATION OF THE HEN'S EGG IN THE OVIDUCTS.**—Dr. P. Tauber (*Naturh. Tidskr.*, R. 3, Bd. 10) divides this subject into two queries:

1. How long a time can a hen continue to lay fecundated eggs after separation from the cock, and how many fecundated eggs can such an isolated hen lay?

In the historical remarks with which the author introduces this section, he refers to the assertions of Fabricius ab Aquapendente, that one fecundation suffices for the remainder of the year,

and Coste's doctrine that one fecundation is only effective for 5-7 eggs, which are laid in from 10-14, at the most 18 days after the hen's isolation—only dark yellow eggs of 15-35 millimetres diameter being capable of fecundation.

The author's investigations yielded the result that one treading suffices to fecundate 5-7, rarely 8 eggs, and that it was generally effective only till the 11th, rarely till the 18th day.

2. Is there in the hen's oviduct any particular place which can be rightly designated as a seminal receptacle?

The author here gives a general view of the hen's oviduct, in which, among other things, he denies the presence of glands. With regard to his especial subject, he divides it into the "tube" and the "infundibulum." He directs especial attention to the structure of the last-named portion, especially to a zone near the border of the infundibulum, which contains numerous excavations; these are, in his opinion, the special seminal receptacles. He finds that it generally takes the semen from 14 to 24 hours after the treading to arrive at this zone.

In contradistinction to Coste's idea that the fecundation occurs in the ovary, his investigations show that this probably occurs in the infundibulum, and that it is highly improbable that it can take place in the ovary. Especial attention is directed to the fact that on the rupture of the follicle in the infundibulum, the semen comes into direct contact with the germinal membrane.—*Nordiskt Med. Arkiv*, Bd. 9, Hæft 1.

**RHEUMATIC DISMENORRHEA.**—Treatment during the menstrual week can have no effect beyond palliating the suffering of the patient temporarily. To become curative it must be extended through the interval, for the purpose of so changing the condition of the uterine structure and sensibility as to prevent the recurrence of the pain at the next period.

In the most common class of cases,

in which the pain is severe and the flow scanty, I have for many years used successfully the following formula:

R. Tinct. cimicifugæ, dr. iij  
Tinct. stramonii, dr. ss  
Vin. colchici rad., dr. ss Mix.

Take one drachm at each meal time in water.

If, by long continuance, or unusual susceptibility, the cimicifuga, causes dull headache, as is sometimes the case, either the dose should be lessened or the fluid extract of cypripedium may be substituted in its place. In the same manner, if the colchicum should cause disturbance of the bowels, its quantity must be lessened in proportion to the other constituents.

Another prescription with which I have succeeded in many instances, especially when the pain and soreness extended to the region of the ovaries, is as follows:

R. Ammonia hydrochlor., dr. iij  
Tinct. stramonii, dr. ss  
Tinct. cimicifugæ rac., dr. iiss  
Syr. glycyrrhizæ, dr. ii Mix.

Take one teaspoonful at each meal time in a tablespoonful of water.

In a recent case characterized by extremely painful menstruation, accompanied by severe headache, continuing in less degree through the interval between the periods, some constipation and slight feverishness, I directed the following prescription:

R. Acid. salicylici, oz. iij  
Sodæ bicarb., oz. ij  
Tinct. stramonii, oz. iv  
Vin. colchici rad., oz. lv  
Glycerinæ (pura), dr. i  
Aquæ, dr. iij Mix.

Of this the patient took one teaspoonful before each meal time and at bedtime, in a little water. After she had taken the medicine, with the bathing and other hygienic regulations previously mentioned, a little more than three weeks, she menstruated freely, and, as she said, "without pain for the first time in several years."—*Dr. N. S. Davis, Chicago Medical Society.*

**STRABISMUS.**—There are two operations for strabismus: the simple tenotomy, and the tenotomy of one, and advancement of the opposite muscle. The simple tenotomy of the stronger, retracted muscle, is a comparatively slight operation, and especially since we perform it sub-conjunctivally, being borne, as a rule, almost without reaction.

The purpose of severing the muscle from its insertion upon the sclerotic, is to force it to attach itself further back. If immediately after the operation has been performed, we have not gained the desired effect, we may improve it by stitching the eyeball to the opposite corner. To judge of the effect we must keep in mind that immediately after the operation the patient should be able to move the margin of the cornea with the severed muscle respectively, to the caruncle, or to the outer commissure, according to the kind of strabismus which has been operated upon. If he can move the eye farther, we have not gained all that is necessary; if he cannot move it so far, we have done too much, and must reduce the effect by a suture, or the patient will, later on, squint towards the opposite side. This danger of converting, for instance, a convergent strabismus into a divergent one, is the reason why a conscientious operator never should operate on both eyes at one sitting. If we have not accomplished all we want by the operation on one eye, we may after some weeks correct the other one. Tenotomy is not generally so efficient in divergent, as in convergent squint. Where the simple tenotomy is not effective enough, we must resort to the advancement of the opposite muscle. The idea of this operation need not be explained.

The same that has been said concerning convergent and divergent strabismus is the rule for the much rarer forms of upward and downward strabismus. Cases, where the strabismus is caused by some other defect of the eye like leucoma cataract, apakia, etc., have to be exempted from the foregoing remarks.

The operation for strabismus is so simple, that alone from an esthetic point of view, patients should undergo it, even if they would not gain more. Yet they can gain considerably more, and the more, the earlier the operation is performed. They may retain good, or comparatively good, vision, in an eye which without the operation, will get more and more useless, often so much so, that if the other eye later on is lost by accident, the patient is not much better than blind.—*Canada Lancet.*

**SIGNS BY WHICH PHTHISIS IS RECOGNIZED IN ITS EARLIEST STAGES WITHOUT THE AID OF PHYSICAL EXAMINATION OF THE CHEST.**—(*The Medical Record*, Sept. 1, 1877.)

1. Retraction of the skin over the cheeks.

2. Cerulean hue of the sclerotic, due to anæmia of the conjunctiva.

3. Atrophy of the lips, of the ears, and a thin, pinched appearance of the nose. Whenever the skin closely covers cartilages, as in the ears and nose, a showing through, as it were, of the cartilaginous framework is one of the earliest signs of loss of flesh.

4. Palor of the cheeks and face as compared with each other and with the malar surfaces.

5. Dilatation of the nostril upon the affected side. This is the case in all pulmonary affections, but especially in the earliest stages of phthisis.

6. The respiration is invariably accelerated, and the disturbance affects expiration as well as inspiration. In certain nervous disturbances the respiration is accelerated, but it is the inspiration only which is at fault.

7. Sinking of the clavicle more upon the affected side than upon the opposite, and giving the appearance of having a very long neck.

8. Great hyperæmia of the pillar of the fauces, present long before the pulmonary disease manifests itself, and continuing until pus is expectorated. When purulent expectoration is established, decomposed pus irritates the throat, and

then the other parts usual become hyperæmic.

9. Intense congestion of the throat, early hoarseness and vomiting are unfavorable symptoms, and indicate enlargement of the bronchial glands. This vomiting is caused by pressure upon the pneumogastric by the enlarged glands. A large proportion of phthisis cases will tell of having had sore throat for a number of years previous to the development of any chest symptoms.—*Clinic*.

**INFLUENCE OF DRINKING-WATER ON THE BILIARY SECRETION.**—Zawilski placed glass canulæ in the ductus choledochus of rabbits, closed the intestine, sewed the canula in the abdominal wound, and either collected the bile secreted, drop by drop, in vessels, in order to estimate the entire amount of bilious fluid in a certain interval, together with its dry residue and the amount of its constituents, organic and inorganic, or he allowed the bile to collect in a vertical glass tube, in order to measure the force of its secretion. Researches were instituted upon animals simply tied, in comparison with those in whom a wound had been made in the œsophagus, through which, by means of a catheter, ordinary water, carbolic acid, oxygen, or ozonized water in small quantities were introduced. The results were as follows:

1. In animals who have fasted for fifteen hours, a decided diminution in the secretion of bile is noticeable. At the same time, the percentage of fixed substances diminishes, the bile being more watery.

2. Water, when absorbed from the stomach, increases immediately the secretion of bile, while, at the same time, the quantities of solids is augmented; that is, a larger quantity of concentrated bile is poured out. The amount of gas contained in the water is a matter of indifference, provided the gases do not distend the stomach, and thus act mechanically as a hindrance to the exit of the bile. The secretion of bile is so much the more abundant the longer the water is supplied. Frequent and small

amounts of water exercise the most favorable influence upon the biliary secretion. By the administration of water, not only is the quantity of bile increased, but the pressure under which it is secreted is rendered greater, so that obstacles which, under ordinary circumstances, would hinder the flow of this fluid are overcome.—*The Doctor*, October 1, 1877.

**A FEMALE CHEMIST.**—A Russian journal tells the following incident:

A young Russian has for some time been prosecuting his chemical studies at the University of Leipsic, with unusual zeal. The young man, of aristocratic exterior, made friends of all who came in contact with him. Recently, he passed a most brilliant examination, which was rewarded with the dignity of a master of arts. Soon after, a young lady called on one of the most prominent professors of the university, addressing the *savant* in the following words:

"I desire, professor, before I depart from Leipsic, to express to you my hearty thanks."

The professor, perfectly astonished, observed, "thanks, but for what?"

"Listen, sir. I was married to old Prince —. My husband died some years ago. He died insolvent, so that I was left even without the daily bread. I resolved to seek the necessary means of subsistence in science."

The professor then interrupted her, saying: "Yes, most gracious lady; nevertheless, I cannot see why you should address any thanks to me."

The lady continued: "Observe, then: it is now more than three years that here in Leipsic I have been a student. The student who lately passed the examination, and whom you considered worthy of distinction, is none other than myself."—*The Sanitarian*.

**LEMON-JUICE IN RHEUMATISM.**—Dr. A. H. Chandler, in *Canada Lancet*, says: In advocating the lime or lemon-juice treatment, the author cannot, of course, presume to suggest anything novel; but, he does venture on claiming orig-

inality, with regard to the *largeness* and *frequency* of the dose, and hesitates not to offer it, when so given, as a veritable specific in this, not seldom, treacherous and intractable malady. Without regard to the condition of the bowels, unless previously much constipated, I usually begin with at least ten ounces of lime-juice, increasing rapidly up to eighteen or twenty-four in the twenty-four hours—from half an ounce to an ounce, or more every hour, with not less than double or treble the quantity of cold, soft water—usually diluted and sweetened, however, to the patient's taste. Very often, on the second day, the amendment is decided, and the disease, in acute cases, more particularly sthenic or asthenic, generally subsides on the fourth or fifth day of treatment. One grain of opium is usually given, with or without lead, and tannin, night and morning, in order to restrain the bowels, which the juice has a tendency to relax. The first effect of such heavy doses is the rapid diminution of joint swelling, and diminished perspiration, together with steady falling of pulse, the latter often quite slow with a slight tendency to syncope, the majority of the cases requiring quinine, and supporting food about the sixth or seventh day, when convalescence advances rapidly.

**JAPANESE THERAPEUTICS.**—Dr. G. Maget has furnished on this subject some interesting notes. General and local abstraction of blood is rejected by Japanese practitioners, on the plea that the blood is too precious a fluid to be thus wasted. Febrile affections are chiefly treated by copious draughts of warm water, under the idea of relaxing the pores which have been constricted by cold. Calomel is a very favorite remedy, and is better supported by the natives than by Europeans. Blisters are popular; they are made with the powder of the *Pagara piperata*, spread on a rice plaster. Moxas are very frequently had recourse to as derivatives. Their active principle is extracted from the *Artemesia Japonica*. In less urgent

cases acupuncture is employed, as in China, to replace the Moxa, chiefly in abdominal affections, twenty needles being inserted in each flank. Shampooing is a very popular mode of treatment in rheumatic affections and certain cases of nervous debility; also, as an hygienic precaution against the fatigue of a long journey or of protracted labor. The Japanese ladies are so extremely modest that they employ none but the blind to shampoo them. Syphilitic affections are common, and are combatted by cinnabar (red sulphuret). The soft sore is much more frequent than the hard one. In Japan, as elsewhere, the introduction of the evil is attributed to a neighboring country.—*Medical Examiner*, Nov. 1, '77.

**GELSEMINUM AND QUININE.**—Dr. R. B. Trezevant, Desarc, Ark., suggests, in *The Medical Brief*, the following formula:

R. Ferri sulph. . . }  
Quinæ sulph. . . } of each 1 drachm.  
Acid nitric . . . }  
Aque. . . . . 8 ounces.

Mix the iron and acid, and as soon as fumes cease to rise, add one ounce of the water; in this dissolve the quinine, then add the other seven ounces of water.

S. Give one teaspoonful in wine-glassful of water three times a day.

In conjunction with this, I usually prescribe once a week, a mercurial or vegetable purge.

In regard to the use of gelseminum, it is almost a rule with me in the many forms of continued fever, especially when there is nervous derangement, to give quinine in the following manner:

R. Quinæ sulph, 16 grains.  
Spt. eth. nit., 4 drachma.  
Tr. gelsemini, 2 drachma.  
Aque, 4 ounces.

S. Give one tablespoonful every three hours.

This makes a perfect solution, and as a rule has, in my hands, rapidly reduced febrile symptoms, curbed all restlessness—so much so as to lead some patients to think they had taken an opiate.

**WHITLOW OF THE THUMB.**—The first phalanx of the thumb of this patient presents two incisions. The first, located upon the inner side, was made some days ago without procuring any relief. The swelling and pain having increased, the man entered the wards of M. Verneuil. His interne made a deep incision in the median line. The pain soon disappeared and the phlegmon has entered upon the road to resolution. Apropos of this case, M. Verneuil remarked that in whitlow in general, the incision ought never to be made except in the median line. Lateral incisions not only expose to wounding the arteries and nerves, with their consequences, that is to say hemorrhage and temporary anæsthesia of the organ, but besides it is seldom that they afford relief to the patient. Once again, incisions into the median line ought always to be preferred, for this double reason, that they expose to no accident, and are much more efficacious.—(*Canadian Journal of Medical Science, from Revue de Therapeutique Medico-Chirurgical.*)

**ARSENICAL ANTIDOTES**(*Rep. de Pharm., 1876. Boston Medical and Surgical Journal*).—From some late experiments, Rouyer has found that, although the freshly precipitated sesqui-hydrate of iron is an antidote for arsenious acid, it has no effect in counteracting the action of sodic arseniate or potassic arsenite (Fowler's solution), but that a mixture of the solution of sesqui-chloride of iron and the oxide of magnesium will counteract the effect of these salts as well as the arsenious acid itself, and hence this mixture is always preferable to the hydrate in cases of arsenic poisoning. The official solution of the sesqui-chloride of iron should be first administered, and fifteen minutes afterwards the magnesia oxide, given in the proportion of four grammes of the latter to one hundred cub. cent. of the former. In one hour after the administration of the antidote, a cathartic should be given. The ingestion of acid drinks and lemonade should be avoided during the entire treatment,

since the compound formed by the union are soluble in acids.—*Clinic*

**THE EFFECTS OF IRON UPON THE BLOOD.**—Dr. Nasse, of Marburg, relates his experience in the *Cent. Blatt. f. Med. Wissenschaften*. For 77 days he fed a dog, weighing about eight kilogrammes, upon bread and potatoes, to which he had added iron; for 25 days he gave it one gramme of lactate of iron daily, and for the remaining 62 days he gave 1.2 grammes of oxide of iron daily. The weight of the animal rapidly increased, and at the end of the experiment it had gained one kilogramme. The specific gravity of the blood increased from 1052 to 1060.8, that of the serum, however, remained unchanged. The proportion of iron increased from 0.477 to 0.755 per thousand parts. In seven other dogs of the eight experimented upon, the amount of solid constituents and the specific gravity both increased. The increase of the former can be due only to an increase of the blood corpuscles.—*Allgemeine Medicinische Central-Zeitung*, No. 76, 1877.

**SYPHILITIC FATHERS AND HEALTHY CHILDREN.**—Dr. Guntz, of Dresden, reports six cases in which the fathers of healthy children were the subjects of latent syphilis. In each of these cases at least two years had elapsed between the latest manifestations of syphilis and marriage. In several cases, the first child was syphilitic, the second healthy. In all of the cases, within a few years of the birth of their children, the deeper syphilitic lesions manifested themselves in the persons of the fathers, all of whom had had good reasons, among others the birth of healthy children, to suppose that the disease was eliminated from their system.—*Vjhrschr. f. Dermatol. u. Syph.*, and *Phila. Med. Times*, July 7, 1877.

**CHENOPodium ANTHELMINTICUM FOR ANASARCA.**—Dr. Samuel R. Burroughs, of Houston, Texas, in a report on the "Indigenous Medical Resources of Texas," published in the *Transactions of the*

*Texas State Medical Association, 1877*, makes the following foot-note on page 108: "The chenopodium anthelminticum root, split or cut to pieces, and put into an ordinary bottle filled with vinegar, to which has been added two or three drachms of carbonate of iron, will relieve anasarca when a sequel to scarlatina, or when dependent on any functional derangement."

Incidentally, Dr. B. remarks that a decoction of this plant, (which is abundant in Texas, and commonly known as Jerusalem oak, wormseed, etc.) together with the cooked plant, mixed with meal, is said to be also a good remedy for chicken cholera.—*Va. Med. Monthly*.

**TREATMENT OF BOILS, CARBUNCLES, ETC.**—Dr. E. Bodman, of Sidney, Ill., sends us the following note:

Years ago I was in the habit of treating boils, carbuncles, etc., with a strong solution of permanganate of potassa in the following manner: I laid the boil open to its bottom with a free incision, and filled it with linen lint, fully saturated with the solution. The results were quite satisfactory, but for some time past I have employed the following treatment, which has been completely successful: I take equal parts of carbolic acid, glycerine and water, and inject a few drops (5 to 30) with the hypodermic syringe into the tumor in its deepest part. One injection is usually enough, if applied in the early part of the disease. The tumor at once shrinks away with slight pain or soreness, leaving but little disposition to successive crops. If this mode of treatment has been in use by others, I have never heard of it.—*Boston Journal of Chemistry*.

**MORPHIA IN CATHETERISM.**—Dr. W. Faulkner (in *Brief*) says: "Some may regard it as a very easy and simple thing to pass the male catheter, and think a failure to do so necessarily to depend on the condition of the parts; while, I think, the facts justify me in saying that it is an operation requiring experience, tact and skill, and the strong probabilities are that we often fail for

want of experience in the use of the instrument. I have been well pleased with the hypodermic use of morphia as a preparatory measure to the use of the catheter; and I have for some years regarded it not only as highly proper to aspirate or puncture the bladder when I could not pass the catheter, but have felt it to be a duty and an obligation I owe to my patient thus to protect him from the consequences of over-distension and blood-poisoning.

#### BREWERY GRAINS AS FOOD FOR COWS.

—The custom of feeding brewery grains to cows to increase the flow of milk is very common in all large cities. The result is an excess of quantity for the time being, with a very decided deterioration in quality; but, sooner or later this food, when used in considerable quantities, produces a poisonous effect on the animals, and renders the milk wholly unfit for use. The cows, if fed on grains alone, become covered with sores and eventually die. The poisons that are used in the manufacture of malt liquors, such as sulphuric acid, cocculus indicus, opium, copperas, alum and strychnine, naturally settle (especially the dregs of them), in the grains. This furnishes a clue to the increased infant mortality in large cities.—*Canada Lancet*.

**ARSENIC IN ALBUMINURIA.**—In *The Practitioner* (June, 1877,) a case of albuminuria of nine years' standing is reported as cured by arsenic in the form of Fowler's solution, three drops at meal time. It is supposed that the remedy is adapted to that form of the disease which proceeds from pancreatic derangement. As a healthy pancreatic secretion serves to convert coagulated albumen into a soluble form before finally digesting it. If not so converted, the albumen is absorbed from the intestines and passes off by the kidneys, constituting albuminuria.

**HYDROPHOBIA DURING PREGNANCY.**—The following case has been communicated to the Academy of Medicine of



Paris, by Professor Borley, for M. Congier, of Bagnieres: A woman, aged 42 years, when about eight months pregnant was bitten on the hand by a cat. She was confined in due course. About six weeks after, and ninety days after the bite, the lochial discharge became altered. Shortly, marked symptoms of hydrophobia set in, and the woman died in five days. The child was healthy.—*The Doctor*, October 1, 1877.

**FRACTURE OF THE FEMUR—BUCK'S METHOD.**—Dr. F. H. Hamilton, in Bellevue Hospital, thus describes Buck's treatment of fractured femur: Dr. Buck has done a great deal for the treatment of these fractures, but the various improvements which have been adopted in its most approved form have been suggested by so many surgeons that I think it is hardly just that it should be called by his name, and I would suggest the "American plan" as a more appropriate title. You observe its prominent points: The long splint, with its lower extremity fitted into a light wooden frame-work to hold it steady, and its upper portion bound to the side of the chest by a wide roller-bandage; the foot-piece (to which the weight is attached by the cord passing over a pulley) sufficiently wide to prevent any pressure being made upon the external or internal malleolus; the adhesive strips extending up to the knee, and covered by a roller to keep them in position; the four short side-splints about the thigh, covering the seat of fracture; and, lastly, the foot of the bed elevated four inches above the floor, for the purpose of making counter-extension. The adhesive plaster should not pass above the knee; for if it reaches higher than that, it will be likely to do more harm than good, by involving some of the muscles which are attached to the upper fragment of the femur. For the four independent side-splints, within the long one, we are now in the habit of using felt, because it is a light material, and when once molded to a part retains its shape permanently. They

are kept in position by a bandage, and can be removed at pleasure for the purpose of examining the seat of fracture, or for any other reason that may necessitate it. They are extremely useful in preventing looseness of the limb. As a general rule, I regard the long splint as the most essential requisite for making a straight thigh, and it acts in two ways: *first*, by preventing eversion; and, *second*, by keeping the whole body straight. In its simplicity and efficiency it is far superior to the plaster-of-Paris bandage. Theoretically, the latter, after being once applied, is supposed to remain *in situ* until the case is discharged cured; but practically, it is found to get loose in a week, and in two weeks it becomes positively necessary to remove it, and apply an entirely new dressing, which involves no inconsiderable amount of labor. This, of course, has to be repeated about every fortnight, until the end of the treatment. Here is a little boy, upon whom the plaster was applied only a few hours ago; and, though it was very carefully and thoroughly done, you will observe that I can already get my hand underneath the part of the bandage which passes around his body. In the course of a week the whole will be so loose as to be of no practical use whatever.

In all the cases which I have shown you, there will probably be some shortening, varying from three-eighths to one half of an inch; for in fractures of the femur, more or less shortening is the rule, and not the exception. Some writers would have us believe that naturally in about every third man one lower extremity is longer than the other, but this is certainly not the case; for were it so, this disparity would very frequently be corrected by the occurrence of a fracture. In reality, however, I find that in about nine out of every ten cases one limb is slightly shorter than the other after my treatment for fracture.—*Med. Times*.

FOR SALIVATION.—*Bromo-Chloralum*' (Tilden & Co.)

**IODOFORM IN TYPHOID FEVER.**—Letter from B. D. Keator, M. D., Tolono, Ill., Oct. 27th, 1877:

"I called the attention of the profession, a short time since, to the value of *Iodoform* in Dysentery. Its benefit in that disease, especially the chronic form, is being fully confirmed. I now wish to call attention to its value in *Typhoid fever*. It acts, apparently, by healing the diseased intestinal glands. Give the patient the usual care, in alimentation, sponging, etc., and as a medicine, throughout the continuance of the disease, one-half grain Iodoform, every four hours, in pills or emulsion. So used, I believe it to be in advance of any treatment hitherto employed. No trouble with diarrhoea will usually be had; if so, a little opium combined with it will soon remedy it. When necessary to move the bowels, use hourly a teaspoonful of oil, or an enema of tepid water."—*Jour. Mat. Med.*

**QUINIA IN SMALL DOSES IN MALARIAL DISEASES.**—Dr. Charles R. Greenleaf, U. S. A., gives the formula as one coming from an army surgeon, whose name and present locality we now forget. If it accomplish what is claimed—the prevention of return of intermittent attacks by so small a dose as two grains of quinia—then it will save an immense expense, and obviate the unpleasant effects which the larger doses often produce. We have not met the formula before, though it may not be new to others:

R. Quinæ sulph., grs. ij

Acid. citric., grs. iij

Rub fine together and dissolve in aqua, dr. ss

Potass. iodid., grs. iij

Aquæ, dr. ss

Then mix the two solutions together, and administer the whole quantity at a dose.—*Amr. Prac.*

**SOLUTION OF QUININE FOR HYPODERMIC USE.**—Dr. James E. Morris, of Belleville, Texas, sends the following formula for a solution which in his practice has operated satisfactorily: Bromide of quinia dissolved in alcohol, grain

for minim; to this solution water can be added to any dilution desired. It acts promptly and leaves no scar. One of the advantages claimed for this solution is that the alcohol prevents the development of fungi. It is readily absorbed, usually, and has a peculiar quieting effect upon the nervous system.—*Clinic.*

**PREVENTION OF LEAD POISONING.**—Some lead-workers have lately tried a careful washing of the hands in petroleum as a preventive of lead-poisoning. Three washings a day are said to be sufficient to prevent all serious danger of lead-poisoning. The success obtained by these men has been such that they have recommended a trial of petroleum as a guard against poisoning by salts of copper or mercury, where these are employed in trade.—*Brit. Med. Journ.*, Sept. 29, 1877.

**KEROSENE LINIMENT.**—Dr. Hobbs, in *Louisville Med. News*, recommends the following as a very superior liniment:

R. Kerosene oil.....dr. ij;

Tinct. Opil.....oz. iv;

Tinct. Arnica .. ..oz. v;

Tinct. Stramonil.....oz. iv;

Ar. Spts. ammon.....oz. vi;

Spts. Camph.....oz. v;

Ol. origan.....oz. iv;

Chloroform.....oz. iij. M.

S. Rub in twice during the twenty-four hours, or *pro re nata*.

Dr. H. A. Martin (Bost. Med. Jour., Feb. 1, '77), says that, during the sixteen years in which he supplied humanized vaccine virus, he was continually troubled by the complication of erysipelas. Since he has supplied only the bovine virus he has had no complaint of erysipelas.—*Dkt. Med. Jour.*

**SCLEROTIC ACID.**—This is the latest therapeutic novelty. It is said to be the active principle of ergot, and has been isolated by Dragendorf. As yet its price is high, \$20 per ounce; but the dose is small, gr. 1-12-1-16, by hypodermic injection.—*Med. and Surg. Rep.*

## Practical Notes and Formulas.

**HOW TO TAKE CASTOR OIL WITHOUT TASTING IT.**—Dr. Z. B. Herndon, of Richmond, Va., favors us with the following:

Having reference to the relative specific gravity of water, whisky and oil, this nauseous dose can be so clothed with the mixture of whisky and water as to be swallowed without coming in contact with the mouth and palate—

Into a small glass put from one to two tablespoonsfuls of spirits; add one drop of oil, which, being heavier than whisky, sinks to the bottom; now add water, drop by drop, until the oil rises half way to the surface of the mixture; at this point put in the dose of oil, and it will occupy a central position in the form of a sphere; take at one swallow, and no taste of oil can be detected. The advantage of this method can not be over-estimated, where the stomach is delicate, or the patient has a preconceived idea that the oil can not be kept down.

**CHLORAL AND ALCOHOL.**—A German physician reports that he has, on several occasions, observed considerable excitement after a dose of chloral. Anxiety and turgescence of the face, contracted pupil and rapid pulse (100 to 130) lasted two or three hours. The next day headache and lassitude were complained of. He found, on careful inquiry, that in every case in which these symptoms appeared, the patient had taken some alcoholic beverage shortly before the dose of chloral.

It seems desirable that this point should be observed by others. It is not at all unlikely that some of the evil effects attributed to chloral may be due to such a perturbing agent as alcohol. Physicians should caution their patients against the use of alcoholic liquors while being treated with chloral.—*Jour. Chem.*

**CARBOLIC ACID IN DIARRHOEA.**—Dr. Palmer says (in *Med. Rep.*): "Recently

I have employed carbolic acid in the treatment of diarrhoea, both acute and chronic form of the disease, with signal success. It is given in one or two drop doses, largely diluted with water, from two to four hours apart. It controls pain, and corrects the fetor of the discharges, and otherwise cures the disease. If severe pain be present, and the discharges profuse, opium and creta preparata, with astringents, may be alternated with it. But my experience is that carbolic acid, in most case, is all that is required."

**FRECKLES.**—*New Remedies* gives the following:

R. Zinc sulphocarb, 2 parts.  
Glycerine, 25 parts.  
Aq. rose, 25 parts.  
Spiritus vini rect., 5 parts.

Dissolve and mix. The freckled skin is to be anointed with this twice daily, the ointment being allowed to stay on from one half to one hour, and then washed off with cold water. Anæmic persons should also take a mild ferruginous tonic. In the sunlight a dark veil should be worn.

It is also said that powdered nitre, moistened with water, and applied night and morning, will soon remove all traces of freckles.

**LIME IN THE EYE.**—The evil effects of lime in the eye are well known. Plasterers and whitewashers not unfrequently having their eyes seriously injured, if not destroyed, by the caustic power of the lime. Wells says: "If the patient is seen soon after the accident, an effort should be made at once to neutralize and wash out the lime by a weak solution of vinegar, with a free use of the syringe. Afterwards, cooling and anodyne lotions, and general antiphlogistic treatment, should be adopted."

**BURNS.**—We have suggested to Dr. Potter to use on burns and scalds, bromochloralum diluted one part to four of water, and applied as cold as it can be made with ice. We use it entirely in our works; the aluminium acts upon the denuded surface, and the chlorine allays

the inflammation. Cloths should be quite wet, and changed as soon as warm. We have never seen a case that did not yield promptly, and what is of great value no suppuration takes place, and no scar results.—*Jour. Mat. Med.*

(1)—ELIXIR OF WILD CHERRY BARK may be made as follows:

Fluid extract of wild cherry.....4 ounces.  
Simple elixir.....12 "

Mix and filter. Several other formulas in which the preparation is obtained directly from the bark are to be found in the *Druggists' Circular* of January, May and July, 1874, pages 33, 89 and 123.

(2)—The following is probably what you want:

*Compound Syrup of Wild Cherry and Tar.*

Syrup of wild cherry.....10 fluid ounces.  
Syrup of tar.....4 "  
Syrup of tolu.....2 " "

—*Drug. Circular.*

RICORD'S COUGH-PILLS.—

Morphiæ hydrochloratis...gr. v;  
Extracti hyoscyami.....gr. viij;  
Rad. belladonnæ pulv.....  
Rad. glycyrrhizæ pulv..... } aa gr. xlv;  
Mellis.....  
Balsami toluani.....gr. lxxv;  
Ol. theobromæ.....gr. lxxv;

Make into one hundred pills. Each contains one twentieth of a grain of hydrochlorate (muriate) of morphia.

Dose—One pill every five or six hours, in chronic bronchitis accompanied with cough.—*New Remedies.*

RUM STOMACH OR FLATULENT DYSPEPSIA.—For this form of dyspepsia, which is due to a torpid or a semi-paralyzed condition of the muscular coat of the bowels, and usually attended with constipation, the following is an excellent formula:

R. Tinc. Nucis Vomicae.....gtt. v.  
Com. Tinc. Gentian...dr. j.  
Tinc. Capsicum.....gtt. x.

To be taken before meals.

CANADA BALSAM AS AN EXCIPIENT FOR PILLS.—Dannecy proposes, as an excipient that will preserve pills for an indefinite period, a mixture of one part of wax and three of Canada balsam.

SHAVING SOAP.—We do not believe in shaving, but if it must be done, use the following soap, suggested by the *Druggists' Circular* as best for the skin:

R. White Wax, }  
Spermaceti, } aa ½ oz.  
Almond Oil, }

Melt, and before cooling rub in two cakes of Windsor Soap, which have previously been reduced to a paste with a small quantity of rose water. Lather upon the face with the brush.

ELIXIR CHLOROFORMI.—[*Dr. Hartshorne's Chloroform Paregoric.*]

Chloroform.....12 fluid drachma.  
Tincture of opium.....12 "  
Tincture of camphor.....12 "  
Arom. spirit of ammonia.....12 "  
Oil of cinnamon.....20 minims.  
Brandy.....2 fluid ounces.

Mix. Dose, half a fluid drachm or less, in spasmodic affection of the stomach, cholera, etc.—*Drug Circular.*

CRYSOPHANIC ACID IN PSORIASIS.—

An ointment of crysophanic acid in conjunction with the internal use of the syrup of the iodide of iron has been found an efficacious treatment for psoriasis and other obstinate skin affections in St. George's Hospital:

R. Crysophanic acid.....dr. ss.  
Lard.....oz. j.

M.

HAIR WASH.—A good simple "oily hair wash" can be made by the following formula.

Bay rum.....4 ozs.  
Glycerine.....1 "  
Olive oil.....1 "

If not "oily" enough there is a very easy way out of that difficulty.—*Chemist & Druggist.*

RANULA.—Dr. Panas has frequently succeeded in curing ranula by the injection into the tumor of from four to ten drops of a concentrated solution of the chloride of zinc.

COPAIBA RESIN IN ASCITES.—Dr. Glynn has successfully used 20 grains, every four hours, in a case where other remedies failed. It was given in rectified spirits and a little mucilage.

## ENLARGED TONSILS—

R. Glycerini .....oz. ss.  
Tannic acid.....gr. xx.  
Carbolic acid.....gtt. x. M.

Mop the tonsils night and morning, and give internally—

R. Syr. Sarsaparilla.....dr. ij.  
Iodid. Potass.....oz. j. M.

and give from half to a teaspoonful, according to the age of the child.

Another:

R. Glycerini .....oz. ss.  
Tinc. Iodine.....dr. ij. M.

Mop the tonsils once daily, and give internally syrup of the iodide of iron gtt. x. to xx., three times daily.

NITRIC ACID, SENNA AND TARAXICUM, AS A LIVER REGULATOR.—To *liver disease, constipation and dyspepsia*, the following combination, from *Tanner's Index*, seems admirably adapted:

R. Dilute Nitric acid.....gtts. 90.  
Spts. Nitre.....dr. ij.  
Fluid ext. taraxicum.....oz. jss.  
Tinc. Sennæ.....oz. iv.  
Infusion of gentian com., sufficient  
to make.....oz. viij M.

One-sixth part twice or thrice daily. [The dose seems too large in respect to the nitric acid.—Ed.]

SYRUP OF HYPOPHOSPHATE OF SODIUM, may be prepared thus: (*Amer. Jour. Phar.*) Dissolve 5 grammes of the salt in 445 grammes of simple syrup, and add 50 grammes of orange flower syrup. A tablespoonful weighing 20 grammes contains 0.20 grammes (3 grains) of sodium hypophosphite.

CHLORIC ETHER is the name which was at one time applied to solutions of chloroform in alcohol. The official *spiritus chloroformi*, made according to the formula corrected as above, is intended to replace the varying solutions formerly employed under the name of chloric ether.—*Drug Circular*.

FOR BED SORES.—R. Caoutchouc, or gutta percha, a few chips or thin pieces, and dissolve in chloroform. To be painted over superficial excoriations, or bed sores, as a protection against friction, etc.

## FOR VERMIN.—

R. Mercurial ointment.....oz. i.

S. Use a small quantity for two or three applications.

Another:

R. Carbolic acid.....dr. j.  
Glycerini.....oz. j.  
Water.....oz. viij. M.

Use twice daily for three or four days.

CHRONIC HEPATIC AFFECTIONS. The following preparation is well adapted to all chronic disorders of the liver, especially when complicated with rheumatic or neuralgic trouble:

R. Ammonia Muriatis  
Ext. Taraxaci .....oz. ss  
Aque.....oz. vj.

Dessert-spoonful three times a day.

SALICYLIC ACID IN PERTUSSIS.—In Petersburg *Med. Woch.* it is said that a 2 per cent. solution of salicylic acid inhaled for five minutes every evening in pertussis, effects an immediate influence, a cure resulting on an average in about two weeks.

TONIC, LAXATIVE AND ANODYNE.—The following, by Dr. Wm. Pepper, is recommended as an excellent tonic, laxative and anodyne:

R. Aloes, gr. i.  
Cannabis Ind., gr. i.  
Pulv. Sulphur. Ferri, gr. i.  
F. 1 Pill to be taken at bed time.

SPIRITUS CHLOROFORMI.—The formula of spiritus chloroformi, (says the *Drug Circular*), should read *alcohol* instead of *diluti alcohol* as given in U. S. Dispensatory. Thus.—

R. Purified chloroform....1 troy ounce.  
Stronger alcohol.....12 fluid ounces.

PUERPERAL FEVER.—For puerperal fever, bring the pulse under the decided influence of veratrum viride, and keep it there. Give opium enough to relieve pain, and use turpentine steepes to the abdomen.

## CARBOLIC ACID SPRAY.—

R. Carbolic acid.....gr. j.  
Water.....oz. j. M.

To be used with a spray apparatus in affections of the nares, pharynx, etc.



## Editorial and Miscellaneous.

All communications relating to the business of **THE RECORD**, for the year 1877, must be addressed to  
**DR. B. C. WORD,**

Business Manager Southern Med. Rec.,  
Atlanta, Ga.

Brief and practical communications are solicited on all subjects pertaining to medicine, also reports of cases in practice.

Send money by check, postal order or registered letter.

Write your name, post-office, county and State plainly.

### NOTICE—LAST CALL.

**THE RED CROSS** means that your subscription for 1877 has not been paid. Please settle at once.

**OUR NEXT VOLUME.**—We are pleased to inform our readers that our next volume, commencing with the January issue, will be gotten out in better type, and will contain more reading matter than the volume now closing. The present low price of subscription will be continued.

**CORRECTION.**—Our attention has been drawn to an error in the form of our August number, by which the article of Dr. Z. B. Herndon, on typhoid fever, seems to run into another article. His paper really closes at the bottom of page 204. It seems that oversights will occasionally occur, despite the most watchful attention.

**PLEASE READ.**—We will not send out renewal papers, but will take it for granted that all of our subscribers will renew their subscriptions; and, unless they notify us not to do so before the issue of our next number (January 20th), we will enter them on the list for 1878.

We hope that this notice will be borne in mind, and that every one of our subscribers will continue the **RECORD**, and will, without failure, remit his subscription promptly on the reception of the January number, and sooner if possible. Not only so, but that he will aid us in extending our circulation. Friends, we intend to give you a splendid volume for 1878.

In the notice in November number of the drug firm of Pemberton, Samuels & Reynolds, the name of the first party, instead of J. B., should have been put J. S. Pemberton.

### THE RECEDING YEAR.

There is a pleasure peculiarly its own in contemplating antithetical positions. If an individual had no past, with its varied histories, its weal and woe, defeats and triumphs, sunlight and gloom, the horoscope of the present would but faintly shadow the prophecies of the future. As we round the tide of each succeeding year, and glance back at the foam-capped billows we have breasted, or the serene waters over which we have peacefully sailed, we are prone to judge of the sea before us by that over which we have passed, only that Hope, ever on her buoyant wing, and hovering near, like some silvery-breasted bird, sings her syren song for the coming year, until the heart is fain to believe that the next annual revolution of time will be more richly fruited with joy and success than the one so rapidly passing away. This is well. If this song were not sung for us as the cycles go by, vigor, ambition and perseverance would fail, and our moral, mental and physical faculties lose that buoyant action so necessary to meet, successfully, the coming events that cast both shadow and sunshine before.

Under the beneficent influence of these emotions, we turn from the pages of the last volume of the **RECORD**, and look with expectant glances into its future for the period of 1878, and with a hopeful desire to see the profession of medicine "lead the van in modern research" and progression. We hope to see it frankly accept and promulgate still broader views in medical science, even though it should operate against its own pecuniary interests for a season, among the prejudiced and uninformed.

It requires a grandeur of moral courage to drop the worn-out "husks of theories and remedies that have fulfilled their day," and are supported by the faith and the purse of patrons, for the more modern one, based upon an earnest and intelligent investigation of both psychical and physical facts, that must lay the foundation of a nobler medical science. But this is necessary to the continual and perfect development of the human race, and there should not be a more advanced or grander progressionist among men than the practitioner of medicine.

To our *confreres* in the profession, and our patrons at large, we would again proffer our warmest thanks for their support, kindly courtesy, and encouraging words during the past twelve months, and express the hope that

they will generously continue their patronage and friendly interest for the year that will soon dawn upon us. Dr. Word will continue in charge of the business department, and we trust our friends will not only aid him in procuring subscriptions for the RECORD, but will continue to aid us in every department. We desire brief communications and practical items.

To each and all of our readers, and every member of our noble and heaven-born profession, we would tender the compliment of a merry Christmas, and a happy New Year.

P.

**STRANGE BUT TRUE.**—It is a sad commentary upon the intelligence and professional character of medical men in this country, that a very large proportion of them do not take or read a medical journal.

In this age of improvement and discovery, when almost every day something new and important is brought to light, how can a progressive and intelligent man deprive himself of the satisfaction, not to mention the utility, of investigating what is going on in the medical world? What though many things are announced and discussed that do not stand the test of experience, or come up to the full measure of what was originally claimed; yet, is it not true that highly important and valuable additions are being made to the armamentarium of the medical art, and that rapid progress and development is going on in every department of medical science?

It is, perhaps, scarcely credible to some that there are vast numbers of men practicing medicine throughout the country, who know nothing of the proper use and advantages of anæsthetic agents, of chloral, of the bromides, the hypodermic syringe, the speculum, the ophthalmoscope, the varied applications of electricity, the varied and important qualities of veratrum, gelseminum, aconite, strychnia, etc., etc. Many of these have not arisen above the old-time routine of calomel, Dover's Powder, and the fly-blisters, for any and everything. These are good and useful in their place, but how can a conscientious medical man shut his eyes to other important agents, which have a wider application, and which, indeed, will relieve cases that can not be reached at all by his limited list of remedies. There is a high moral question that can not be overlooked or disregarded by the true physician; and however much he may console himself by the trite and soothing remark, "*I have done all I could*," yet the truth, nevertheless, remains that other means were accessible, of which he was wilfully ignorant, and which might have relieved the patient if they had been used! The mechanic who sets himself up to do good work is justly blamed if he botches the job, whether it be ignorance of the use of the proper tools, or neglect to procure them. So in all other callings and professions. The patient who places his life in your hands, has a legal and moral right to expect that you will give him

the benefit of the best and most approved appliances for his relief; and, if you fail to do so, you deceive and wrong him, and do violence to your own conscience. W.

**SULPHATE OF CINCHONIDIA.**—We have watched with some interest the discussion which has for some time been going on touching the relative merits of the several alkaloids, and preparations of the bark. That there are valuable and distinctive properties possessed by the several articles now so prominently brought before the profession, we have no doubt. Recently, direct inquiry has been made of us as to our views of the cinchonidia. Having been supplied with samples for experiment, we have made some observations favorable to the article named. Cases of intermittent fever have yielded promptly to the remedy, used in about the same doses as with the sulphate of quinia. We have also used it to advantage combined with elixir vitriol, to equalize and restrain the circulation in cases of menorrhagia.

In gastralgia and atonic dyspepsia, combined with tinc. nux vomica, it has been found a most admirable tonic and peristaltic persuader.

In this connection, we will append the views of Dr. J. J. Knott, of this city, who has also been experimenting with the article, from samples furnished by Messrs. Powers & Weightman. He remarks:

"I first employed it amongst the freedmen, prescribing from the packages furnished. I very soon found it equal to the sulphate of quinia in every respect, and far superior in some. The affections in which I have derived more advantage in the employment of this remedy than in the employment of quinia, are dysentery, remittent fever, and a low type of mongrel fever, which has prevailed to some extent in this climate for several years. I have one patient whose system is such that he cannot bear quinia in any form that I have administered it, on account of its producing urticaria, or nettle-rash. He took the cinchonidia without any unpleasant effects whatever. In nervous females, I find the cinchonidia preferable to the quinia. For the past two years, I have used, comparatively, but little quinia in my practice, having substituted the cinchonidia for it. A favorite formula with me is the following, for an adult:

R. Sulph. Cinchonidia, grs. xvi  
Ext. Belladonna, grs. 4— $\frac{1}{2}$   
Pulv. Capsicum, grs. ij  
Pulv. Doveri, grs. ij  
Salicylic acid, grs. iv. M.

Put into four capsules, one to be given every two hours. I sometimes add to this prescription four to six grains of calomel, when indicated. In the treatment of some affections, I regard the sulphate of cinchonidia as great an improvement over quinine as the latter is over the old remedy, the crude bark."



We publish, also, the following communication from A. G. Hobbs, M. D., of Indiana:

#### SULPHATE CINCHONIDIA.

I think when sul. cinchonidia becomes more generally the substitute for sul. quinia, there will be but little use of the now much-vaunted remedy, hydrobromic acid for *tinnitus aurium*. In malarious districts, such as is southern Indiana, cinchonidia is the country practitioners' greatest boon.

The difference in its cost as compared with quinia—one-fourth—is no small item to him who has his two to three ounces a week to buy.

During the last four months, I have used cinchonidia almost exclusively in nearly three hundred cases of chills, intermittent, remittent and bilious fevers, and out of the whole number, have been compelled to resort to arsenic in but three cases of chills.

My experience with cinchonidia in these three hundred cases of malarious fevers, is as follows:

1. I think it fully equal to quinia as an anti-periodic. Have never used it exclusively as an anti-pyretic, as in typhoid fever, pneumonia, etc., but if I ever find it necessary, I shall not hesitate to risk it as such.

2. It produces no *tinnitus aurium*—at least, I have never been able to discover it in the size doses that I administer it to break malarious attacks.

3. The stomach, undoubtedly, tolerates it better than quinine.

4. I find it, so far as I can observe, fully equal to quinia as a tonic, in combination with iron. I administer it in doses same as quinia by bulk, which is about one-third greater by weight.

**ADVERTISEMENTS FOR 1878.**—The superior advantages of our Journal as an advertising medium are now generally understood. The following first-class establishments have already engaged space for the forthcoming volume, to-wit: Messrs Aloe & Herstein, St. Louis; Billings, Clapp & Co., Boston; Bellevue Hospital Medical College, N. Y.; Bullock & Crenshaw, Philadelphia; Ludden & Bates, Savannah; Merrell, Thorp & Lloyd, Cincinnati; Pemberton, Samuels & Reynolds, Atlanta; Reed & Carnrick, New York; Wm. R. Warner & Co., Wyeth & Bro., Philadelphia.

**PURCHASING AGENCY.**—Parties desiring to purchase drugs, or other articles, in Atlanta, may order them through our office at favorable rates. Subscribers to THE RECORD will be charged no commission for this service.

R. C. WORD,  
Managing Editor.

THE two valuable books reviewed in this issue, to-wit: "Index of Diseases," and "Scudder's Practice," and a variety of medical works, may be found at the store of Messrs. Lynch & Thornton, enterprising book merchants in this city.

## BOOK NOTICES.

### Specific Medication and Specific Medicines.

Revised, with an appendix containing the articles published on the subject since the first edition, and a report of cures illustrating Specific Medication. By John M. Scudder, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, etc., etc. Eighth edition. Cincinnati. Wiltach, Baldwin & Co., Printers. 1877.

We had occasion to notice a previous edition of this work. The present edition shows a considerable increase in the size of the volume, and a general improvement over former editions.

Specific Medication is not a new idea under the sun; but Prof. Scudder, albeit he is an Eclectic, gives an entirely different interpretation to that entertained by the profession at large. Contrary to the profession, he believes in specifics. But with the limitation and a proper understanding of his theory, his idea of specifics need not give very great alarm. He, with many others, have found that certain symptoms call for certain remedies. If our patients have pain—say severe neuralgia—we employ morphia, hypodermically. Under these circumstances, the morphia, thus used, would be called by him, we suppose, a specific.

Dr. Scudder employs quite a large list of drugs for their specific effects. We will mention a few, for instance: Has the patient pain located on the abdomen about the umbilicus, he would give *nux vomica*; for superficial dropsy, wherever located, *apocynum canab.*; for ministers' sore throat, *collinsonia*. For hemorrhoids, *hamamelis*, etc. In fevers, if the pulse is small, he would give *aconite*; if large, *veratrum viride*; if the face is flushed and eyes bright, *gelsemium*. The tongue also affords him indications of specific medication: For the white furred tongue, an alkali is indicated, whereas, when the tongue is red, acids, independent of treatment based upon symptoms—all very good when nothing better points out the way.

The work is of very great value, inasmuch as it treats of remedies of the utmost utility, not often resorted to by the bulk of the profession. And, while no sensible physician will disdain the employment of agents he knows to be of unquestionable value, because employed by Eclectics, he may, if he pleases, object to the theories upon which they may be given, and the doses in which they may be recommended to be administered. Dr. Scudder, we are free to confess, as a representative man of his school, has done the profession, at large, very great service, and his volume, in the hands of the carefully instructed physician, will be helpful; opening up, as it does, a large field from which to draw increased supplies of valuable therapeutic agents.

**LITTLE'S LIVING AGE.**—See prospectus of this excellent magazine in this issue.

**An Index of Diseases and Their Treatment.**  
By Thomas Hawks Tanner, M. D., F. R. S.  
Second Edition. Revised by W. H. Broad-  
bent, M. D., Fellow of the Royal College of  
Physicians, Physician to the London Fever  
Hospital, etc., etc. One volume, octavo,  
422 pages, price \$3. Lindsay & Blakeston,  
Philadelphia.

The above volume is very practical and ex-  
ceedingly useful to those whose time and cir-  
cumstances will not permit them the use of  
an extensive library, the index, or alpha-  
betical method, embodying a large amount  
and variety of information in a compact and  
very accessible form, by which the practition-  
er may promptly post himself in the defini-  
tion of diseases, the origin and derivation of  
names, and the latest principles of treatment.  
To illustrate, we copy the following as a  
sample of the method adopted:

"*Pemphigus*, from *Pemphix*; (Greek) a  
bubble or blister. *Febris Bullosa*;  
*Bladdery Fever*; *Waterblebs*—A non-con-  
tagious skin disease, characterized by large,  
round or oval vesicles, or bullae (*bullæ*, a bub-  
ble of water), two or three inches in diam-  
eter, which appear on one or more regions,  
each bleb filled with alkaline serum, which  
soon loses its transparency, becoming acid  
and puriform. Slight fever, etc., very liable  
to relapse.

*Pompholix* (*Pomphos*, a blister,) is merely  
a variety of *pemphigus*.

**Treatment.**—Arsenic usually most effectual;  
phosphorus; ammonia and bark; nitro-hydro-  
chloric acid; quinine and steel; cod-liver oil;  
effervescing; citrate of magnesia; arsenic,  
quinine and steel; chlorate of potash; iodide  
of potassium; vesicle to be punctured; cuticle  
not to be removed."

The volume contains, in addition, an *Ap-  
pendix of Formulae*, and the various agents  
in the *Materia Medica*: *Uterine Therapeutics*,  
*Electro-Therapeutics*, *Climates for Invalids*,  
*Mineral Waters*, etc.

DR. C. G. POLK again writes us, indignantly  
denying the charges made against him in  
the *Clinical Record and Hospital Gazette*,  
to which we referred in our last.

RECEIPTED FOR 1877.—Drs. John Coston,  
A. H. Peek, R. L. Key, J. P. Rice, T. J. Fout,  
T. L. Darby, J. W. Huff, T. L. Quillan, '77  
and '78.

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